



2025 State Falls Prevention Coalition Funding Opportunity Request for Proposals

I. Background

Falls are the leading cause of fatal and nonfatal injuries among older adults [1] and have a widespread and serious impact on their health and quality of life. With an estimated one out of four older adults reporting falling each year [2], falls may significantly reduce the ability of the older adult population to remain independent. Each year an estimated 3 million older adults are treated in emergency departments for falls injuries and more than 800,000 of these patients are hospitalized [3]. In 2020, the estimated medical costs attributable to fatal and nonfatal falls totaled more than \$80 billion [4]. Those who have fallen may become afraid to fall again, which may lead to a reduction in their everyday activities, causing them to become weaker and increasing the likelihood of a future fall.

Fortunately, many falls are preventable. Known modifiable risk factors include balance impairments, muscle weakness, gait deficits, medications, home hazards, problems with vision and hearing, and improper footwear [5]. Through education, screening/assessment, interventions, and on-going management of falls risks, falls and fall-related injuries can be significantly reduced. With collaboration of various stakeholders, the impact of falls prevention measures across entire states can be amplified.

Coordinating Efforts on Falls Prevention and the Aging Network

This funding opportunity is supported by the Administration for Community Living (ACL). ACL's mission is to maximize the independence, well-being, and health of older adults, people with disabilities across the lifespan, and their families and caregivers. The National Council on Aging (NCOA) received funding from ACL to disburse up to 12 subawards to state falls prevention coalitions or entities that are developing or have the intent to develop a coalition in a state that currently does not have an active coalition as referenced here: [State Falls Prevention Coalitions](#). The grants aim to cultivate the development and enhancement of collaborative efforts of state falls prevention coalitions to reduce falls and/or the risk of falls among older adults and their families and caregivers.

NCOA is the national voice for every person's right to age well. NCOA believes that how we age should not be determined by gender, color, sexuality, income, or ZIP code. Working with thousands of national and local partners, NCOA provides resources, tools, best practices, and advocacy to ensure every person can age with health and financial security. Founded in 1950, NCOA is the oldest national organization focused on older adults. Learn more at www.ncoa.org and @NCOAging.

NCOA has led the [Falls Free® Initiative](#) since 2005. This national network is comprised of more than 40 state falls prevention leaders from across the country. NCOA develops and provides

tools and resources to build the capacity of state falls prevention coalitions, including support for the annual [National Falls Prevention Awareness Week](#) initiative, and convenes this group on a quarterly basis to share best practices and partnership and funding opportunities. In response to the [National Falls Prevention Action Plan](#) (originally created by NCOA and partners in 2005, updated in 2015, and currently being updated 2024-25), many states have developed or are engaged in ongoing efforts to organize state falls prevention coalitions.

State Falls Prevention Coalitions

Coalitions are a recognized mechanism for communities to maximize resources they already have and develop sustainable new approaches to societal problems while deterring duplication of effort [6]. For this funding opportunity, a coalition is defined as a group comprised of multiple sectors that work together to solve community problems, in this case, the issue of falls among older adults [7]. This funding opportunity also considers a coalition to include task forces and collaborative groups that address a broader topic (e.g., injury prevention, age-friendly, or healthy aging) and include a focus on falls prevention.

Because no single individual or entity is responsible for addressing all aspects of falls prevention, coalitions should involve all members of a community who can play a role in reducing falls and falls risks among older adults. This includes but is not limited to older adults themselves, their families, and caregivers; clinical and community-based service providers; health care, aging, and public health professionals; researchers; policy makers; community leaders; and advocates (see **Appendix I** for more information on falls prevention coalition membership). The intent is a joint effort among multiple partners to implement an effective, coordinated approach to preventing older adults' falls [8].

State falls prevention coalitions can use state and local data to identify their unique priority needs and design strategies to address them. Coalitions are well-positioned to solicit insight from older adults and caregivers on gaps in services and barriers they have encountered to accessing falls prevention programs. Coalitions can assess what programs and partnerships already exist, identify leaders to engage, and foster effective partnerships between health care providers, aging services network, and other organizations. State falls prevention coalitions also provide a framework, infrastructure, and guidance that can be shared with local coalitions and communities collaborating to implement falls prevention interventions.

As a coordinated organization, a coalition can assist in streamlining opportunities for older adults who have been assessed as a high falls risk. A state coalition can provide opportunities for individuals in areas where there may not be falls prevention interventions by connecting them to available resources. A coalition can also connect organizations that have not traditionally collaborated on falls prevention strategies and activities. For instance, participants in an evidence-based falls prevention exercise class may be connected to organizations offering home safety interventions.

Additional information about falls prevention coalitions can be found in **Appendix E**.

References

1. WISQARS. Web-based Injury Statistics Query and Reporting System (WISQARS). National Center for Injury Prevention and Control, Centers for Disease Control and Prevention 2021 [cited 2021 June]; Accessed January 4, 2024, from: <https://.cdc.gov/injury/wisqars>
2. Bergen G, Stevens MR, Burns ER. Falls and Fall Injuries Among Adults Aged ≥ 65 Years — United States, 2014. MMWR Morb Mortal Wkly Rep 2016;65:993–998. Accessed January 4, 2024, from: https://.cdc.gov/mmwr/volumes/65/wr/mm6537a2.htm?s_cid=mm6537a2_w
3. Centers for Disease Control and Prevention. (2016) Facts About Falls. Accessed January 4, 2024, from <https://www.cdc.gov/falls/facts.html>
4. Haddad YK, Miller GF, Kakara R, et al. Healthcare spending for non-fatal falls among older adults, USA Injury Prevention 2024;30:272-276.
5. Bergen G. Stevens MA. Kakara R. Burns EA. Understanding Modifiable and Unmodifiable Older Adult Fall Risk Factors to Create Effective Prevention Strategies. American Journal of Lifestyle Medicine. October 2019 DOI:10.1177/1559827619880529
6. Beattie, B, Schneider, E. Falls and Fall-Related Injuries Among Older Adults: A Practical Guide to State Coalition Building to Address a Growing Public Health Issue. Accessed January 4, 2024, at <https://www.ncoa.org/article/a-practical-guide-to-state-coalitionbuilding-for-falls-prevention>
7. Gillespie LD, Robertson MC, Berkowitz, B., & Wolff, T. (2000). The spirit of the coalition. Washington, DC: American Public Health Association.
8. Section 5: Coalition Building I: Starting a Coalition. (n.d.) Accessed December 6, 2024, from <https://ctb.ku.edu/en/table-of-contents/assessment/promotion-strategies/start-a-coalition/main>

II. Project Goal and Activities

Project Goal

The goal of this funding opportunity is to cultivate the development and enhancement of state falls prevention coalitions' efforts to reduce falls and/or the risk of falls among older adults and their families and caregivers. It aims to support joint efforts among a range of stakeholders to implement effective, coordinated approaches to preventing older adults' falls statewide and at the community level.

The funding opportunity will support up to 12 state falls prevention coalitions or organizations that aim to:

- a. Develop a coalition in a state that currently does not have an active coalition (for states with inactive or in development coalitions as referenced here: [State Falls Prevention Coalitions](#)), or
- b. Enhance an existing state falls prevention coalition to significantly improve and/or expand falls prevention activity on a statewide and/or local level (for active coalitions as referenced here: [State Falls Prevention Coalitions](#)).

Project Activities

Grantees that select option A (Develop a coalition in a state that currently does not have an active coalition) will focus on building the foundation for an effective and sustainable state falls prevention coalition. Key activities will include:

- Recruiting a range of new members
- Establishing the coalition structure (e.g., leadership, committees, meeting cadence)
- Identifying the state's priority falls prevention needs
- Creating a mission/vision, goals, and objectives; and
- Implementing short-term and planning long-term coalition activities that impact programs, practices, and policies to reduce falls risks among older adults in the state.

Grantees that select option B (Enhance an existing state falls prevention coalition to significantly improve and/or expand falls prevention activity on a statewide and/or local level) will:

- Work to strengthen the coalition's membership and functioning, addressing any existing challenges and ensuring its capacity to improve and expand state and/or local falls prevention activities; and
- Develop and conduct activities to improve and/or expand the coalition's impact and reach statewide and in local communities.
 - These grantees are encouraged to conduct targeted activities to identify gaps in services and barriers to accessing falls prevention interventions and develop strategies to address the identified gaps and barriers. This may be done by gathering information from older adults, family members, and caregivers and/or professionals and providers to gain insights on gaps in falls prevention-related services and barriers encountered in accessing falls prevention programs and use the insights to inform coalition activities

In addition to the expectations outlined above for each grantee type, all grantees will be expected to:

- Build the capacity of the coalition by maintaining existing membership (if applicable), recruiting members, and engaging in strategic planning, coalition evaluation, sustainability, and/or other activities.
- Bring together a range of partners to collaboratively identify state and community falls prevention needs, develop and conduct activities to address priority needs, and build infrastructure, capacity, and sustainability.
- Collaborate within the aging network (e.g., area agencies on aging, senior centers, senior nutrition programs) and leverage infrastructure already in place to maximize the impact of falls prevention education, resources, and interventions with older adults.
- Reach older adults across the state.

- Conduct activities to increase awareness of and access to their state’s falls prevention services and programs (see **Appendix E** for additional activity examples).
- Work toward systems level change by impacting programs/practices, policies, and funding.

In addition to the expectations listed above, all grantees will be *required* to:

- Engage at least one area agency on aging and at least one older adult from the community with lived experience (i.e., has fallen or is at risk of falling) as part of their coalition membership (see **Appendix I** for more information on membership).
- Develop a capstone product to disseminate their best practices and lessons learned to the state falls prevention coalition network. The capstone product can take the form of a tip sheet, toolkit, guide, webinar or other format that best highlights the information to be disseminated.
- Achieve an active state coalition status by the end of the project period. Active coalition status includes: established leadership; committed, varied, and open membership; established meeting cadence and procedures; a clearly defined focus on falls prevention; specific goals and objectives; knowledge of state resources and needs related to falls prevention, ongoing involvement in activities to raise awareness of and increase access to falls prevention programs (see **Appendix D** for full definition).
- Participate in technical assistance provided by NCOA and partners throughout the project period to support and strengthen coalition building, activities, and impact.

III. Award Information

A. Total Award Amount: \$100,000-150,000

B. Number of Awards: Up to 12 awards

C. Length of Project Period: 18 months

D. Key Dates

- **Application due by** Feb. 21, 2025, by 11:59 p.m. Eastern Time
- **Notification of Award:** March 31, 2025
- **Award Start Date:** April 15, 2025

An **informational webinar** will be held on **Tuesday, Jan. 28, 2025**, from 3-4 p.m., Eastern Time. To register, visit:

https://ncoa.zoom.us/webinar/register/WN_Xa7ANuhbRCKMC_1zYgeXWA

The webinar will review the Request for Proposals (RFP), how to apply, and include time for questions. It will be recorded and made available on the [funding opportunity webpage](#) shortly after the call. Questions asked during the webinar will be added to the Frequently Asked Questions section of the webpage.

Please email healthyaging@ncoa.org with any questions regarding this funding opportunity.

IV. Eligibility Information

Entities eligible to apply for this funding opportunity include domestic public or private non-profit entities including:

- Nonprofits having a 501(c)(3) status with the IRS other than institutions of higher education
- Nonprofits that do not have a 501(c)(3) status with the IRS other than institutions of higher education
- Public and state-controlled institutions of higher education, independent school districts, private institutions of higher education
- Native American tribal organizations* (other than federally recognized tribal governments)
- Native American tribal governments* (federally recognized)
- Public housing authorities/Indian housing authorities
- State governments
- Special district governments
- County, city, or township governments
- Faith-based organizations
- Community organizations

*Tribal organizations or governments may propose projects that involve partners and activities from multiple states.

Individuals, for-profit organizations, and foreign entities are not eligible for this funding opportunity. If you have any questions about eligibility, please contact healthyaging@ncoa.org

V. How to Apply

All applicants must electronically submit their application via the application portal, [linked here](#).

When you first enter the application portal, you will be asked to create a user profile. After you create your profile, you will be requested to submit a Letter of Interest. *The Letter of Interest is required and must be completed to access the funding opportunity Application.* Please note that your responses to the Letter of Interest will be used to support the implementation of this funding opportunity. No feedback will be provided.

After you submit your Letter of Interest, you will receive a confirmation email that it has been successfully submitted and received. When you log back into the portal, you will have access to the full application.

You will be asked to select the funding option for which you are applying:

- A. Develop a coalition in a state that currently does not have an active coalition (for states with inactive or in-development coalitions as referenced here: [State Falls Prevention Coalitions](#)), or
- B. Enhance an existing state falls prevention coalition to significantly improve and/or expand falls prevention activity on a statewide level (for active coalitions as referenced here: [State Falls Prevention Coalitions](#)).

Your selection will open the application associated with that specific funding opportunity option. The section below outlines the information that will be requested for Application A (develop a coalition in a state that currently does not have an active coalition).

APPLICATION A – Develop a coalition in a state that does not have an active coalition

State coalitions listed as “inactive” or “in development” on this [list](#) are eligible to apply under Application A.

*If your state is listed as having an “active” coalition on this [list](#) and you would like to apply to enhance your state’s existing coalition, please scroll down to **Application B**.*

Populations and Communities

1. Describe any population(s) and/or community(ies) of older adults with the greatest economic and social needs that you aim to reach with your proposed coalition activities in this project. Explain why you will focus on engaging this specific population(s) and/or community(ies). (200 words maximum)
 - Greatest economic need, as stipulated by the Older Americans Act, means the need resulting from an income level at or below the Federal poverty level and as further defined by State and area plans based on local and individual factors, including geography and expenses. Greatest social need, as stipulated by the Older Americans Act, means the need caused by noneconomic factors, which include:
 - A. Physical and mental disabilities
 - B. Language barriers
 - C. Cultural, social, or geographical isolation, including due to:
 - i. Racial or ethnic status
 - ii. Native American identity
 - iii. Religious affiliation
 - iv. Sexual orientation, gender identity, or sex characteristics
 - v. HIV status
 - vi. Chronic conditions
 - vii. Housing instability, food insecurity, lack of access to reliable and clean water supply, lack of transportation, or utility assistance needs
 - viii. Interpersonal safety concerns

- ix. Rural location
- x. Or any other status that:
 - 1. Restricts the ability of an individual to perform normal or routine daily tasks; or
 - 2. Threatens the capacity of the individual to live independently; or
- D. Other needs as further defined by State and area plans based on local and individual factors.

Statement of Need

1. Provide a brief history of previous falls prevention coalition or other activity in your state to the best of your knowledge, including your entity's activities, if applicable. Applicants are encouraged to do some research to determine their state's history of falls prevention coalition activity, if it is not known. *(300 words maximum)*
2. Describe any barriers that have hindered your state's ability to form and/or sustain a state falls prevention coalition and what solutions will be used to overcome these barrier(s). *(400 words maximum)*

Proposed Project

Please refer to **Appendix E: Coalition Building Resources** for example activities and considerations related to coalition impact, outcomes, and sustainability to support your responses to the questions in this section.

1. **Project Goal(s), Objective(s), and Outcome(s):** State the project's goal(s), objective(s), and outcome(s) (see **Appendix D** for definitions of goals, objectives, and outcomes). Outline the intended outcomes and impact of your proposed efforts. Consider their impact on consumers, professionals, communities, and local and state-level systems and policies. *(300 words maximum)*
 - a. *Example Goal:* To build an effective and sustainable falls prevention coalition for [state name]
 - b. *Example Objectives:* Create coalition structure, Identify priority state falls prevention needs, Develop and conduct x activity(ies) to address priority needs
 - c. *Example Outcome:* An active, stable, sustainable state falls prevention coalition that addresses the priority needs of [state name's] older adults
2. **Proposed Steps to Develop the Coalition:** To the extent possible based on status of the coalition, outline the proposed steps that will be taken to develop the coalition, including: *(500 words maximum)*
 - a. Designation of *leadership responsibilities* (e.g., coalition chair(s), steering committee, who will lead coalition meetings, who will coordinate meetings)
 - b. Recruitment and member retention strategies (e.g., Memoranda of Understanding [MOUs])

- c. Involvement of *local/regional coalitions*, if applicable (including coalitions focused on broader topics such as injury prevention, age-friendly, and healthy aging)
 - d. Plans to determine the *coalition's structure* (e.g., advisory board, steering committee, subcommittees) and meeting cadence (e.g., monthly full coalition meetings, bi-weekly subcommittee meetings)
 - e. Plans to determine the *priority falls prevention needs* of your state (e.g., review Department on Aging Needs Assessments, community needs assessment, community health assessment, and/or community health improvement plans; review public health and/or EMS data on falls, falls-related emergency department visits, falls-related hospitalizations, and/or falls-related deaths; informant interviews)
3. **Approach to Community Engagement:** Describe how you will engage the broader community in coalition activity. *(200 words maximum)*
 4. **Key Partners:** Describe your key partners, their anticipated roles, and how you will engage with them (e.g., monthly meetings). *(400 words maximum)*
 5. **External Opportunities and Resources:** Describe any external opportunities and resources (e.g., [Age-Friendly Communities](#), [multisector plans on aging](#)) in your state and/or community that you will engage with to support this work. *(200 words maximum)*
 6. **Potential Barriers and Challenges:** Describe potential challenges and barriers you anticipate encountering, and how your project will address them preemptively or as they arise. *(300 words maximum)*

Organization Capacity

1. Explain how this project fits within your organization's mission, vision, and/or goals. *(150 words maximum)*
2. Describe how your organization's existing infrastructure will be used to successfully implement this project. Include the expertise and experience of staff members that will be involved in the project. *(300 words maximum)*
3. Describe your organization's experience with falls prevention or other related coalitions and taskforces, collaborations, and partnerships, if any. Provide specific examples. *(400 words maximum)*
4. Describe your and/or your partners'/coalition's capacity to engage and maintain partnerships with key partners in the community in your current work and provide specific examples that demonstrate this capacity. *(300 words maximum)*
5. Describe what actions you will take to ensure that you can carry out and complete this project in the 18-month project period. *(300 words maximum)*

Evaluation Plan

1. Describe how the coalition will assess its success in carrying out its objectives and the changes that result from its activities. This may include changes in knowledge, attitudes,

and behavior of coalition members and the population(s) engaged by the coalition. More information on coalition evaluation can be found [here](#). (400 words maximum)

Consider the following levels of change for this section:

"*Practice* changes are considered changes at facilities, institutions, and organizations; changes by various practitioners (including physicians, nursing or social work staff members, community partners, facility administrators); changes by government. Or changes by individuals affected by the issue."

Programs can be new or modified interventions, new protocols, and new products such as educational materials, marketing or branding materials and new presentations."

Source: Wolff, T. (2010). *The power of collaborative solutions: Six principles and effective tools for building healthy communities*. Jossey-Bass.

Sustainability Plan

Strategies to sustain the coalition included in this section should go beyond seeking additional grant funding. More information on coalition sustainability can be found at these two resources: [here](#) and [here](#).

1. Describe how you will sustain the coalition and its efforts after this grant funding ends. Be sure to include how you will embed this work into the ongoing efforts of your organization/partners/community. (400 words maximum)

Budget

Upload a budget for your proposed project that reflects the resources required to carry out the activities described in the application and work plan. The budget must not exceed \$150,000. It must include registration and travel for one person to the Age+Action Conference to be held in May 2025 and May 2026 in Arlington, VA. *Applicants must provide separate budgets for Year 1 (months 1-12) and Year 2 (months 13-18) as well as a combined budget for the full 18 months* using the budget template provided in **Appendix A**.

Budget Narrative

Upload a budget narrative that provides descriptions of the items included in the budget. *Applicants must provide a separate budget narrative for Year 1 (months 1-12) and Year 2 (months 13-18)* using the budget narrative template provided in **Appendix B**.

Work Plan

Upload a work plan that includes goal(s), objective(s), key activities, lead personnel responsible for carrying out activities, and a timeline for the *18-month grant period broken down into Year 1 (months 1-12) and Year 2 (months 13-18)*. Ensure that the work plan reflects the activities described in the application, budget, and budget narrative. Applicants must use the work plan template provided in **Appendix C**.

Letters of Commitment from Key Partners

Upload letters of commitment to the project from key collaborating organizations and agencies. Any organization that is specifically named to have a significant role in carrying out the project should be considered a key collaborator.

- Applicant organizations must include a letter that demonstrates that they have their organization's endorsement for this project.
- If you are a Tribal organization defined in [24 CFR 1003.5\(b\)](#) and are partnering with a Tribe for this application, you are required to include a resolution from the Tribal governing authority that states their approval and support for the submission of the grant application.
- The quality of the letter content (i.e., specificity with respect to the role of that partner and the history of the partnership, if applicable) is more important than the quantity of letters submitted with your application. Applicants should make a strong effort to secure letters of commitment from all key partners that will be involved in the project.

Signed letters of commitment must be uploaded via the application portal – hard copies will not be accepted.

Resume/CV of Key Personnel

Upload a resume or cv for all key personnel involved in the project, including your organization's staff and key partner representatives.

- If you encounter barriers to submitting a resume or cv for a key personnel member, you may substitute a statement or list outlining the individual's background, experience, and expertise.

Audited Financials

Upload a PDF version of your most recent:

- Audited Financials or 990 Tax Form
- Agency W-9 Form
- SAM.gov Registration Verification
- Organization's Unique Entity Identifier (UEI)

Proof of Nonprofit Status (as applicable)

Non-profit applicants must upload 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 (as applicable)

Applicants that have included indirect costs in their budgets must upload 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.

The section below outlines the information that will be requested for Application B.

APPLICATION B – Enhance an existing coalition

*State coalitions listed as “active” on this [list](#) are eligible to apply for **Application B**.*

*If your state is listed as having an “inactive” or “in development” coalition on this [list](#) and you would like to apply to develop a coalition for your state, please scroll up to **Application A**.*

Populations and Communities

1. Describe any population(s) and/or community(ies) of older adults with the greatest economic and social needs that you aim to reach with your proposed coalition activities in this project. Explain why you will focus on engaging this specific population(s) and/or community(ies). (200 words maximum)
 - Greatest economic need, as stipulated by the Older Americans Act, means the need resulting from an income level at or below the Federal poverty level and as further defined by State and area plans based on local and individual factors, including geography and expenses. Greatest social need, as stipulated by the Older Americans Act, means the need caused by noneconomic factors, which include:
 - E. Physical and mental disabilities
 - F. Language barriers
 - G. Cultural, social, or geographical isolation, including due to:
 - i. Racial or ethnic status
 - ii. Native American identity
 - iii. Religious affiliation
 - iv. Sexual orientation, gender identity, or sex characteristics
 - v. HIV status
 - vi. Chronic conditions
 - vii. Housing instability, food insecurity, lack of access to reliable and clean water supply, lack of transportation, or utility assistance needs
 - viii. Interpersonal safety concerns
 - ix. Rural location
 - x. Or any other status that:
 1. Restricts the ability of an individual to perform normal or routine daily tasks; or

2. Threatens the capacity of the individual to live independently; or
- H. Other needs as further defined by State and area plans based on local and individual factors.

Coalition Information

1. Provide the coalition's name, state, and its mission, vision, and/or goal(s), if available. *(150 words maximum)*
2. Provide a link to the coalition's webpage or website, if available. *(25 words maximum)*
3. Provide a link to the coalition's strategic plan, if available. *(25 words maximum)*
4. Provide an overview of the state falls prevention coalition you propose to enhance. Include a brief description of the coalition's: *(500 words maximum)*
 - a. History and background
 - b. Lead organizations (in addition to your organization, if applicable) and their roles and responsibilities
 - c. Coalition structure (e.g., chairs, advisory board, steering committee, subcommittees) and meeting cadence
 - d. Recruitment and member retention strategies (e.g., Memoranda of Understanding [MOUs])
 - e. Involvement of local/regional coalitions
 - f. Current membership
5. Describe 2-3 of the coalition's key accomplishments. *(200 words maximum)*
6. Describe the coalition's a) strengths and b) areas that need strengthening. *(200 words maximum)*

Statement of Need

1. Explain why you are applying to enhance your state coalition's existing efforts. *(300 words maximum)*
2. Describe a) any work the coalition has done to determine the priority falls prevention needs of your state (e.g., review Department on Aging Needs Assessments, community needs assessment, community health assessment, and/or community health improvement plans; review public health and/or EMS data on falls, falls-related emergency department visits, falls-related hospitalizations, and/or falls-related deaths; informant interviews), and b) a brief overview of the priority needs identified, if applicable. *(400 words maximum)*
3. Describe the specific challenges, gaps, and needs in your state related to infrastructure, coordination, service delivery, and related issues (please do not include descriptions of specific populations served in this section) that you aim to address in this project. *(200 words maximum)*

Proposed Project

Please refer to **Appendix E: Coalition Building Resources** for example activities and considerations related to coalition impact, outcomes, and sustainability to support your responses to the questions in this section.

1. **Project Goal(s), Objective(s), and Outcome(s):** State the project’s goal(s), objective(s), and outcome(s) (see **Appendix D** for definitions of goals, objectives, and outcomes). Outline the intended outcomes and impact of your proposed efforts. Consider their impact on consumers, professionals, communities, and local and state-level systems and policies (repeat of outcomes above). *(300 words maximum)*
 - a. **Example Goal:** To enhance the effectiveness and sustainability of the [state name] falls prevention coalition
 - b. **Example Objectives:** Identify priority state falls prevention needs, Develop and conduct x activity(ies) to address priority needs
 - c. **Example Outcome:** An active, stable, sustainable state falls prevention coalition that addresses the priority needs of [state name’s] older adults
2. **Proposed Steps to Enhance the Coalition:** Describe your plans to enhance the coalition including how the proposed enhancement activities will substantially build upon, strengthen, and/or expand existing coalition activities and efforts. *(500 words maximum)*
3. **Plan to Address Barriers, Gaps, and Needs:** Explain how the project will address the challenges, gaps, and needs you describe in your Statement of Need section.

If applicable, include a description of how the coalition will conduct targeted activities to identify gaps in services and barriers to accessing falls prevention interventions and develop strategies to address the identified gaps and barriers (e.g., lack of coordination, trained service providers, coordination issues). Please do not include descriptions of specific populations served in this section. Examples of targeted activities to identify gaps and barriers include gathering information from older adults, family members, and caregivers and/or professionals and providers to gain insights on such gaps and barriers. *(400 words maximum)*

4. **Approach to Community Engagement:** Describe how you will engage the broader community in coalition activity. *(200 words maximum)*
5. **Key Partners:** Describe your key partners, their anticipated roles, and how you will engage with them (e.g., monthly meetings). *(400 words maximum)*
6. **External Opportunities and Resources:** Describe any external opportunities and resources (e.g., [Age-Friendly Communities](#), [multisector plans on aging](#)) in your state and/or community that you will engage with to support this work. *(200 words maximum)*
7. **Potential Barriers and Challenges:** Describe potential challenges and barriers you anticipate encountering, and how your project will address them preemptively or as they arise. *(300 words maximum)*

Organization Capacity

1. Explain how this project fits within your organization’s mission, vision, and/or goals. *(150 words maximum)*

2. Describe how your organization's existing infrastructure will be used to successfully implement this project. Include the expertise and experience of staff members that will be involved in the project. (300 words maximum)
3. Describe your organization's experience with falls prevention or other related coalitions and taskforces, collaborations, and partnerships, if any. Provide specific examples. (400 words maximum)
4. Describe your and/or your partners'/coalition's capacity to engage and maintain partnerships with key partners in the community in your current work and provide specific examples that demonstrate this capacity. (300 words maximum)
5. Describe what actions you will take to ensure that you can carry out and complete this project over the 18-month project period. (300 words maximum)

Evaluation Plan

1. Describe how the coalition will assess its success in carrying out its objectives and the changes that result from its activities. This may include changes in knowledge, attitudes, and behavior of individuals, such as coalition members and the population(s) engaged by the coalition. This may also include the coalition's impact on falls prevention practices, policies, and programs across communities and/or the state as described below. More information on coalition evaluation can be found [here](#). (400 words maximum)

Consider the following levels of change for this section:

"Practice changes are considered changes at facilities as well as other institutions and organizations; changes by various practitioners (including physicians, nursing or social work staff members, facility administrators); changes by government. Or changes by individuals affected by the issue"

Policies can include facility or agency policies, state policies, federal policies or institutional or agency policies

Programs can be new or modified interventions, new protocols, and new products such as educational materials, marketing or branding materials and new presentations."

Source: Wolff, T. (2010). *The power of collaborative solutions: Six principles and effective tools for building healthy communities*. Jossey-Bass.

Sustainability Plan

Strategies to sustain the coalition included in this section should go beyond seeking additional grant funding. More information on coalition sustainability can be found [here](#) and [here](#).

1. Describe your current funding sources and sustainability strategies for your existing coalition. (400 words maximum)
2. Describe how you will sustain the enhanced coalition and its efforts after grant funding ends. Be sure to include how you will embed this work into the ongoing efforts of your organization/partners/community. (400 words maximum)

Budget

Upload a budget for your proposed project that reflects the resources required to carry out the activities described in the application and work plan. The budget must not exceed \$150,000. It must include registration and travel for one person to the Age+Action Conference to be held in May 2025 and May 2026 in Arlington, VA. *Applicants must provide separate budgets for Year 1 (months 1-12) and Year 2 (months 13-18) as well as a combined budget for the full 18 months* using the budget template provided in **Appendix A**.

Budget Narrative

Upload a budget narrative that provides descriptions of the items included in the budget. *Applicants must provide a separate budget narrative for Year 1 (months 1-12) and Year 2 (months 13-18)* using the budget narrative template provided in **Appendix B**.

Work Plan

Upload a work plan that includes goal(s), objective(s), key activities, lead personnel responsible for carrying out activities, and a timeline for the *18-month grant period broken down into Year 1 (months 1-12) and Year 2 (months 13-18)*. Ensure that the work plan reflects the activities described in your application, budget, and budget plan. Applicants must use the work plan template provided in **Appendix C**.

Letters of Commitment from Key Partners

Upload letters of commitment to the project from key collaborating organizations and agencies in this part of the application. Any organization that is specifically named to have a significant role in carrying out the project should be considered a key collaborator.

- Applicant organizations must include a letter that demonstrates that they have their organization's endorsement for this project.
- If you are a Tribal organization defined in [24 CFR 1003.5\(b\)](#) and are partnering with a Tribe for this application, you are required to include a resolution from the Tribal governing authority that states their approval and support for the submission of the grant application.
- The quality of the letter content (i.e., specificity with respect to the role of that partner and the history of the partnership, if applicable) is more important than the quantity of letters submitted with your application. Applicants should make a strong effort to secure letters of commitment from all key partners that will be involved in the project.

Signed letters of commitment must be uploaded as part of the application via the application portal – hard copies will not be accepted.

Resume/CV of Key Personnel

Upload a resume or cv for all key personnel involved in the project, including your organization's staff and key partner representatives.

- If you encounter barriers to submitting a resume or cv for a key personnel member, you may substitute a statement or list outlining the individual’s background, experience, and expertise.

Audited Financials

Upload a PDF version of your most recent:

- Audited Financials or 990 Tax Form; and
- Agency W-9 Form.
- SAM.gov Registration Verification
- Organization’s Unique Entity Identifier (UEI)

Proof of Nonprofit Status (as applicable)

Non-profit applicants must upload 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 (as applicable)

Applicants that have included indirect costs in their budgets must upload 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.

VI. Screening Criteria and Grantee Expectations

Application Screening Criteria

For an application to be reviewed, it must meet all the following screening requirements:

1. Applications must be submitted via the application portal by Feb. 21, 2025, 11:59 p.m. Eastern Time
2. The budget must not exceed \$150,000 for the 18-month project
3. The work plan must not exceed 18 months

All applicants must indicate if they are applying to: a) develop a state falls prevention coalition in a state that currently does not have an active coalition, or b) enhance an existing state falls prevention coalition.

Organizations applying to develop a state falls prevention coalition in a state that currently does not have an active coalition must confirm that their state is listed as “inactive” here: [State Falls Prevention Coalitions](#).

Organizations applying to enhance an existing state falls prevention coalition must work with the organization listed as the contact or lead for that state’s falls prevention coalition as listed here: [How to Contact Your State's Falls Prevention Coalition](#).

Applicants may not submit more than one application.

Applicants are required to complete all sections of the application in the application portal, upload an 18-month work plan, budget, budget narrative, letters of commitment, financial documentation, and resume/CVs for key personnel.

Applicant organizations must include a letter that demonstrates that they have their organization’s endorsement for this project.

If you are a Tribal organization defined in [24 CFR 1003.5\(b\)](#) and are partnering with a Tribe for this application, you are required to include a resolution from the Tribal governing authority that states their approval and support for the submission of the grant application.

Applications that do not meet these requirements may not be reviewed.

Grantee Expectations

Grantees will be expected to fulfill the responsibilities outlined below:

- Applicant organizations are expected to be the lead or co-lead for the coalition they will initiate or enhance.
- Begin work immediately after receiving a notice of grant award on April 15, 2025.
- Participate in quarterly Falls Free state falls prevention coalition conference calls and web surveys.
- Send at least one staff member to NCOA’s 2025 and 2026 Age+Action Conferences.
- Submit programmatic and financial reports as outlined in Section IX of this funding opportunity in a timely manner.
- Create a capstone product to disseminate their best practices and lessons learned in the form of a tip sheet, toolkit, guide, webinar or other format that best highlights the information to be disseminated.
- Participate in technical assistance (TA) activities including:
 - A virtual kickoff event for all grantees in the first month of the award.
 - Bi-monthly cohort meetings to share successes, challenges, and lessons learned to support each other’s work.
 - Bi-monthly one-on-one calls with NCOA and partners to track progress and identify areas of support needed.
 - In-person trainings at NCOA’s Age+Action Conference in 2025 and 2026.
- Include the following disclaimer on all products produced using this grant funding:

HHS Grant or Cooperative Agreement that is NOT funded with other non-governmental sources:

"This [project/publication/program/website, etc.] [is/was] supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with 100 percent funding by ACL/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the U.S. Government.

The HHS Grant or Cooperative Agreement that IS partially funded with other nongovernmental sources:

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

- Be documented as an active state coalition by the end of the project period. Active coalition status includes: established leadership; committed, varied membership that regularly attends meetings; established schedule of assembly and meeting structure; a clearly defined focus on falls prevention; specific goals and objectives; knowledge of state resources and needs related to falls prevention, ongoing involvement in activities to raise awareness of and increase access to falls prevention programs (see **Appendix D** for full definition).

VII. Criteria for Selection

Required Application Components

Applications will be scored from 1 to 100 points. Each section of the application will be allocated a maximum potential number of points based on the point totals listed below. These scores will provide a primary, but not exclusive, basis for determining final selection. NCOA reserves the right to approve grantees based on a composite of factors, including review of the most recent Audited Financials and/or 990 Tax Form.

Application A – Develop a coalition in a state that does not have an active coalition Selection Criteria

- A. *Statement of Need [10 points]*: Scoring will be based on your descriptions of:
- The history of falls prevention coalition activity in your state
 - The barriers that have hindered your state's formation and/or sustainability of a falls prevention coalition

B. *Proposed Project, Evaluation Plan, Sustainability Plan, and Work Plan [40 points]*: Scoring will be based on your descriptions of:

- What you aim to achieve in this work including your project goal(s), objective(s), and outcome(s)
- The proposed steps you will take to initiate the state coalition
- How you will engage the broader community in coalition activity
- Key partners, their anticipated roles, and how they will be engaged in the project
- External opportunities and resources in your state and/or community that you will engage to support your work
- Potential challenges and barriers you anticipate encountering, and how you will address them preemptively or as they arise
- Completeness and feasibility of the Evaluation Plan, which should assess the coalition's success in carrying out its objectives and the changes that result from its activities
- Completeness and feasibility of the Sustainability Plan, which should address how you will sustain the coalition and its efforts after the funding ends and how you will embed this work into the ongoing efforts of your organization/partners/community. It should include strategies to sustain the coalition that go beyond seeking additional grant funding
- Completeness and feasibility of the Work Plan (including project goals, objectives, key activities, key personnel responsible for carrying out activities, a timeline for the 18-month grant period), and alignment to the activities described in the application, budget, and budget narrative

C. *Organization Capacity and Key Personnel Resumes [30 points]*: Scoring will be based on your descriptions of:

- Your capacity to build and maintain an infrastructure for the coalition
- Your experience with falls prevention or other related coalitions and taskforces, collaborations, and partnerships, if any
- Your capacity to engage and maintain partnerships with key partners in the community
- Your capacity to carry out and complete this project in the 18-month project period

D. *Budget and Budget Narrative [10 points]*: Scoring will be based on whether the budget reflects expenses for both years of the project, and whether the budget narrative reflects the resources necessary to carry out the activities described in the application, budget, and work plan.

E. *Letters of Commitment [10 points]*: Scoring will be based on the quality of the letter content, including specificity of partner roles. Applicants should make a strong effort to secure letters of commitment from all key partners that will be involved in the project.

Application B Selection Criteria

A. *Coalition Information and Statement of Need [10 points]*: Scoring will be based on your descriptions of:

- The capacity and strengths of the existing coalition
- Why you are applying to enhance the coalition's existing efforts
- Work you have done to determine the priority falls prevention needs and/or priority populations in your state
- The specific challenges, gaps, and needs you aim to address in your state related to infrastructure, coordination, service delivery, and related issues

B. *Proposed Project, Evaluation Plan, Sustainability Plan, and Work Plan [40 points]*: Scoring will be based your descriptions of:

- What you aim to achieve in this work including your project goal(s), objective(s), and outcome(s)
- Your plans to enhance the coalition including how the proposed enhancement activities substantially build upon, strengthen, and/or expand existing coalition activities and efforts
- How the project will address the challenges, gaps, and needs described in your Statement of Need
- How you will engage the broader community in coalition activity
- Key partners, their anticipated roles, and how they will be engaged in the project
- External opportunities and resources in your state and/or community you will engage to support their work
- Potential challenges and barriers you anticipate encountering, and how you will address them preemptively or as they arise
- Completeness and feasibility of the Evaluation Plan, which should assess the coalition's success in carrying out its objectives and the changes that result from its activities.
- Completeness and feasibility of the Sustainability Plan, which should address how you will sustain the coalition and its efforts after the funding ends, how you will embed this work into the ongoing efforts of your organization/partners/community, and should include strategies to sustain the coalition that go beyond seeking additional grant funding
- Completeness and feasibility of the Work Plan (with separate plans for Year 1 (months 1-12) Year 2 (months 3-18) including project goals, objectives, key activities, key personnel responsible for carrying out activities, a timeline for the 18-month grant period), and alignment to the activities described in the application and budget narrative

C. *Organization Capacity, Key Personnel Resumes [30 points]*: Scoring will be based on your descriptions of:

- Your capacity to enhance the coalition as proposed in the application
- How your existing infrastructure will be used to successfully implement this project

- Your experience with falls prevention or other related coalitions and taskforces, collaborations, and partnerships
- Your capacity to engage and maintain partnerships with key partners in the community
- Your capacity to carry out and complete this project in the 18-month project period

D. *Budget and Budget Narrative [10 points]*: Scoring will be based on whether the budget reflects expenses for both years of the project, and whether the budget narrative reflects the resources necessary to carry out the activities described in the application, budget, and work plan.

E. *Letters of Commitment [10 points]*: Scoring will be based on the quality of the letter content, including specificity of partner roles and the history of the partnership, if applicable. Applicants should make a strong effort to secure letters of commitment from all key partners that will be involved in the project.

An independent review panel will evaluate applications that pass the screening criteria described above. These reviewers are experts in their field and are drawn from academic institutions, non-profit organizations, state and local governments and agencies. Based on the Criteria for Selection, the reviewers will comment on and score the applications, focusing their comments and scoring decisions on the identified criteria.

In assessing the quality of all applications submitted, reviewers will consider:

- A clearly defined project plan.
- Commitment to engage a range of coalition members and/or partners.
- Demonstrated understanding of and commitment to reducing falls amongst older adults.
- A successful track record working with older adults and falls prevention efforts in your proposed target area.
- Demonstrated commitment of intended partners, including the role the partner will play.
- Demonstrated understanding of the technical capacity and resources necessary to carry out the project.
- Plans for sustaining coalition activities after grant funding concludes.
- Commitment to create a capstone product that captures best practices and lessons learned.
- Commitment to providing the required progress and financial reports.
- Commitment to participate in information-sharing and learning opportunities with other grantees.
- Understanding that all grantees will be required to be documented as an active state coalition by the end of the project period.

Final award decisions will be made by NCOA. In making these decisions, NCOA will take into consideration recommendations of the review panel, the likelihood that the proposed project will result in the benefits expected, and representation of a range of: application organization types, applicant geographic locations, and application types (Application A to develop a new coalition

in a state that does not currently have an active coalition, or Application B to enhance an existing coalition).

VIII. Use of Grant Funds

Organizations must use the full amount of the award for the purposes set forth in their application. These funds may not be used for the following purposes:

- To influence any member of Congress, State, or local legislator to favor or oppose any legislation or appropriation with respect to this agreement.
- For publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, radio, television, or film presentation designed to support or defeat legislation pending before the Congress or state and local legislatures.
- To pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence legislation or appropriation pending before Congress or state and local legislatures.
- For construction and/or rehabilitation of buildings.

See **Appendix B** for additional stipulations related to the use of grant funds.

IX. Reporting Requirements

Grantees will be required to provide semi-annual reports and a final report. The semi-annual and final reports must be accompanied by a financial report.

- **Monthly reports** that briefly summarize accomplishments and challenges will be due by the 15th of each month
- **Semi-annual reports** will be due on Oct. 15, 2025, and April 15, 2026
- **The final report** will be due on Oct. 15, 2026

Financial reports must reflect the actual use of grant funds. For each financial report, the grantee will submit the actual amount spent in each category represented in Appendix B. If any budget category expenses deviate from the original budget by at least 10%, the grantee must provide a written notice to NCOA.

Timely report submission is required for payment disbursement.

X. Appendices

- A. **Budget Template**
- B. **Budget Narrative Template**
- C. **Work Plan Template**
- D. **Key Definitions and Abbreviations**
- E. **Coalition-Building and Maintenance Resources**

- F. Grant Writing Resources
- G. Application Checklist – *Am I Ready to Apply?*
- H. Coalition Membership
- I. Funding Acknowledgement

Appendix A – Budget Template

Applicants are required to provide a Budget for the project using the following template.

	CATEGORY	BUDGET
	PERSONNEL COSTS	
1	PERSONNEL (Direct labor)	
2	FRINGE BENEFITS	
	PERSONNEL TOTAL:	
	OTHER DIRECT COSTS	
3	TRAVEL	
4	SUPPLIES	
5	EQUIPMENT	
6	CONTRACTING	
7	OTHER	
	OTHER DIRECT COSTS TOTAL:	
8	INDIRECT COSTS (x%)	
	GRAND TOTAL:	

Appendix B – Budget Narrative Template

Applicants are required to provide a detailed Budget Narrative for the project using the template below. Provide a separate Budget Narrative for the first 12 months of the project and the last six months of the project. In your Budget Narrative, you should include a breakdown of the budgetary costs for all object class categories listed in the first column. Cost breakdowns, or justifications, are required for any cost of \$1,000 or more. The Budget Narrative should fully explain and justify the costs in each of the major budget items for each of the object class categories, as described below the Budget Narrative Template and example to follow.

Budget Narrative Template

Category	Grant Funds Requested	Justification
-----------------	------------------------------	----------------------

Personnel		
Fringe Benefits		
Travel		
Equipment		
Supplies		
Contractual		
Other		
Indirect Charges		
TOTAL		

Example Budget Narrative

This example is provided for reference only.

Object Class Category	Grant Funds Requested	Justification
Personnel	\$63,554	Project Director (name) = .5 FTE @ \$80,000/yr = \$40,000 Office Manager (name) = .5 FTE @ \$47,108/yr = \$23,554 Total \$63,554
Fringe Benefits	\$21,799	Fringe on Project Director at 34.30% = \$13,720 FICA (7.65%) Health (25%) Dental (2%) Life (1%) Unemployment (1%) Fringe on Office Manager at 34.30% = \$8,079 FICA (7.65%) Health (25%) Dental (2%) Life (1%) Unemployment (1%) Total \$21,799
Travel	\$6,387	Travel to National Conference in Arlington, VA for 1 person Registration: \$600

		<p>Airfare 1 RT x 1 staff @ \$600 = \$600</p> <p>Lodging: 3 days x 1 staff @ \$120/day = \$360</p> <p>Per Diem: 3 days x 1 staff @ \$40/day = \$120</p> <p>Total \$1,080</p> <p>Local travel: 6 meetings with partners for 1 person</p> <p>Mileage: 6RT @ .585 x 700 miles = \$2,457</p> <p>Lodging: 15 days @ \$110/day = \$1,650</p> <p>Per Diem: 15 days @ \$40/day = \$600</p> <p>Total \$4,707</p> <p>Travel Total \$6,387</p>
Equipment	\$5,000	<p>No Equipment requested (if none requested) OR: Call Center Equipment</p> <p>Installation \$2,500</p> <p>Phones \$2,500</p> <p>Total \$5,000</p>
Supplies	\$7,260	<p>1 desk \$1,500</p> <p>1 chair \$300</p> <p>2 Laptop computers \$3,000</p> <p>Printer cartridges @ \$50/every other month = \$300</p>

		Consumable supplies (pens, paper, clips etc.) @ \$180/month = \$2,160 Total \$7,260
Contractual	\$28,431	Federal (Organization name, purpose of contract and estimated dollar amount) Contract with AAA to manage referrals to services: 1 Intake Specialist = \$17,762 Volunteer Coordinator = \$10,669 Total \$28,431 <i>If contract details are unknown due to contract yet to be made, provide same information listed above and:</i> A detailed evaluation plan and budget will be submitted by (date), when contract is made.
Other	\$5,600	2 consultants (indicate types of 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
Indirect Charges	\$11,010	12.9% of salaries and fringe = \$11,010 IDC rate is attached.
TOTAL	\$149,041	

Budget Narrative Completion Instructions

In your Budget Narrative/Justification, you should include a breakdown of the budgetary costs for all object class categories listed in the first column. Cost breakdowns, or justifications, are required for any cost of \$1,000. 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.

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

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

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.

Travel: Enter total costs of all travel (local and non-local) for staff on the project. 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 Other.

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).

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.

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.

Supplies: Enter the total costs of all tangible expendable personal property (supplies) other than those included in Equipment.

In the Justification: For any grant award that has supply costs in excess of 5% of total direct costs, you must provide a detailed breakdown of the supply items (e.g., 6% of \$100,000 = \$6,000 – breakdown of supplies needed). Please note: any supply costs of \$5,000 or less regardless of total direct costs do not require a detailed budget breakdown (e.g., 5% x \$100,000 = \$5,000 – no breakdown needed).

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 if 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 the 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.

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.

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.

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 (DHHS) 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 upload 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.

Total: Enter the total amounts of all object class category grant funds requested.

*** Per diem:**

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).

Appendix C – Work Plan Template

Applicants are required to provide a Work Plan for the project using the template below. Provide a Work Plan for each year of the project period (e.g., Year 1 (months 1-12) and Year 2 (months 13-18)).

Year 1: Months 1-12

Goal:

Measurable Outcome(s):

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

*Indicates time frame (start/end dates by month in project cycle)

Please do not infer from this template that your work plan must have 4 major objectives. If you need more pages, simply repeat this format on additional pages.

Year 2: Months 13-18

Goal:

Measurable Outcome(s):

Major Objectives	Key Tasks	Lead Person	13*	14*	15*	16*	17*	18*
1.								
2.								
3.								
4.								

*Indicates time frame (start/end dates by month in project cycle)

Appendix D – Key Definitions and Abbreviations

Active Coalition: For the context of this funding opportunity, to meet criteria as an active state falls prevention coalition, the coalition must have all the following:

- Established leadership
- Committed, varied membership that regularly attends meetings
- Open membership for new members
- Established schedule of assembly and meeting structure
- A clearly defined focus on falls prevention
- Specific goals and objectives
- Knowledge of state’s resources and needs related to falls prevention
- Ongoing involvement in activities to raise awareness of and increase access to falls prevention

Ageing Network: The Older Americans Act of 1965 (OAA) established a national network of federal, state, and local agencies to plan and provide services that help older adults to live independently in their homes and communities. This interconnected structure of agencies is known as the Aging Network. The National Aging Network is headed by the Administration on Aging. The network includes 56 State Agencies on Aging, 622 Area Agencies on Aging, and more than 260 Title VI Native American aging programs.

Applicant: For the purposes of this funding opportunity, the applicant is the organization applying to pursue this funding opportunity. Individuals and for-profit organizations are not eligible for this funding opportunity. See Section IV. Eligibility for more information.

Bi-monthly: Occurring every other month.

Coalition: For the context of this funding opportunity, a coalition is defined as a group comprised of multiple sectors of the community that works together to solve community problems – in this case, the issue of falls among older adults. This includes task forces and collaborative groups that address a broader topic (e.g., injury prevention, age-friendly, or healthy aging) and include a focus on falls prevention.

Goals: Broad, overall purpose, usually in a mission statement, i.e. what you want to do, where you want to be.

Key Partners: For the purposes of this funding opportunity, a key partner is any agency or organization that is specifically named to have a significant role in carrying out the project.

Key Personnel: For the purposes of this funding opportunity, key personnel include those individuals who will have a significant role in carrying out the project. Key personnel may include staff of the applicant organization as well as representatives of key partners.

Letter of Interest: For the purposes of this funding opportunity, the letter of interest is intended to collect basic partner organization information, demonstrate their commitment to participate in the project, and outline their specific roles and responsibilities. Applicants are required to submit their letters of interest via the application portal.

Memorandum of Understanding (MOU): A non-binding formal agreement between two or more parties that outlines the agreed upon intentions, roles, and goals of the collaboration.

Objectives: 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 because 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 endpoint).

Older Adult: For this Funding Opportunity Announcement and consistent with the Older Americans Act, "an individual who is 60 years of age or older." For tribes and tribal organizations, the age of older Indians is defined by the tribe and may vary.

Stakeholders: Individuals or groups that have an interest in or are affected by a project. For the current funding opportunity, stakeholders include, but are not limited to, older adults, healthcare providers, caregivers, assisted living facilities, etc.

Sustainability plan: An actionable proposal that outlines tasks for maintaining activity and achieving long term goals. Strategies to sustain the coalition included in this section should go beyond seeking additional grant funding. More information on coalition sustainability can be found [here](#) and [here](#).

Technical Assistance: Targeted support delivered via a variety of forms to an organization or agency to resolve a particular development need or resource gap.

Appendix E – Coalition Building and Maintenance Resources

The following are sources of information on the current state of falls prevention and involvement of NCOA in this work.

- [National Falls Prevention Action Plan](#)
- [About the Falls Free® Initiative](#)

The following are sources of information and additional content related to building, maintaining, and implementing coalitions.

- Tom Wolff & Associates
 - [Coalition Building Tip Sheets](#)
 - [A practical approach to evaluating coalitions.](#)
 - [Tools for Sustainability](#)
- The Community Toolbox at the University of Kansas
 - [Learn a Skill Table of Contents](#)
 - [Toolkit 1: Creating & Maintaining Coalitions and Partnerships](#)
 - [Chapter 5, Section 5: Coalition Building I: Starting a Coalition](#)
 - [Chapter 5, Section 6: Coalition Building II: Maintaining a Coalition](#)
- [A Practical Guide to State Coalition Building to Address a Growing Public Health Issue \(2015\)](#)
 - This guide has been prepared in recognition of the special role of states and local communities in reducing falls and fall-related injuries within the older adult population. It provides a compendium of practical tools, resources, and strategies to assist coalition building efforts. It also provides the framework, infrastructure, and guidance that states can share with local communities collaborating to implement fall prevention interventions.
- [How to Contact Your State's Falls Prevention Coalition](#)

The following excerpt identifies common goals and activities found across state falls prevention coalitions.

Although state falls prevention coalitions are different, there are common goals and activities, which include:

- ***Increasing the availability and accessibility of community-based falls prevention programs and services.*** *Many state and local falls prevention coalitions are educating their members about evidence-based falls prevention programs that are available, helping to promote the programs, identifying locations to offer the programs, connecting partners that can make referrals to programs, and providing other support to increase the availability and accessibility of programs and services.*
- ***Increasing awareness of the issue and of effective prevention strategies among stakeholders.*** *To increase awareness, Falls Prevention Coalitions frequently sponsor Falls Prevention Awareness Day, host a falls prevention website, host falls prevention educational presentations, and promote falls prevention through traditional and social media.*
- ***Building and leveraging an integrated, sustainable falls prevention network.*** *Common activities to build and leverage state falls prevention networks include coalition members promoting falls prevention within their own organizations, promoting new internal and external partnerships, establishing partnerships with venues where older adults are served, and supporting the development of local/community falls prevention coalitions.*
- ***Increasing healthcare provider organizations participation in falls prevention practices.*** *Activities to increase healthcare provider participation in falls prevention*

practices might include promoting falls prevention screening to healthcare providers for all adults age 65 years and older; encouraging the implementation and dissemination of the CDC's STEADI toolkit for health care providers, and working with professional associations to recognize and promote falls prevention intervention as a priority of professional practice.

- ***Enhancing data surveillance collection, analysis, and data systems.*** *Activities to enhance data collection include producing user-friendly profiles about the impact and cost of falls among older adults in the state/community, identifying key data resources and partnering with data managers to improve the capture and quality of data that is important to falls prevention, tracking falls prevention programs implemented by various agencies across the state, and tracking the numbers of participants in falls prevention programs and services across the state.*
- ***Improving falls prevention activities in places where older adults reside.*** *Many states are focusing on improving falls prevention activities in nursing homes and assisted living facilities in addition to improving home safety for community-dwelling older adults. Activities might involve educating individuals and agencies about falls prevention programs, working with agencies to promote falls prevention programs in care facilities, and encouraging the appropriate use of vitamin D for residents.*
- ***Instituting ongoing evaluation of state efforts and outcomes.*** *Evaluating the efforts and outcomes of falls prevention activities helps to increase impact and address areas for improvement. In some states, the Department of Public Health is developing, implementing, and monitoring evaluation as a function of its epidemiological activities or the State Falls Prevention Coalition may have a mechanism (such as an evaluation committee or evaluator) to evaluate its efforts.*
- ***Increasing funding opportunities and investments for falls prevention.*** *Several states and community falls prevention coalitions have supported the pursuit of funding programs such as grants, use of Title IID funds for evidence-based falls prevention activities, and encouragement of local health departments, trauma centers, or other stakeholder organizations to include falls prevention activities in their budgets.*

Source: Gillespie LD, Robertson MC, Berkowitz, B., & Wolff, T. (2000). The spirit of the coalition. Washington, DC: American Public Health Association.

Additional activities may include, but are not limited to, the following:

- Raise statewide awareness of falls risk through marketing, public service announcements, and state or regional falls prevention health fairs
- Increase awareness of [evidence-based falls prevention programs](#) and resources to grow availability and accessibility
- Develop a statewide website and/or online locator for evidence-based falls prevention programs and other best practices
- Provide educational resources for consumers and professionals
- Increase falls risk screenings and referral of consumers to falls prevention interventions

Appendix F – Grant Writing Resources

The following are resources to support the grant writing process.

- [Grant Writing Basics](#)
- [Succeed at Grant Proposals: Have a Plan and a Process](#)
- [How to Successfully Write Competitive Grants as a Community-Based Organization](#)

Appendix G – Application Checklist – *Am I Ready to Apply?*

Use the checklist below to ensure you have completed all requirements for this funding opportunity.

Application Checklist – *Am I Ready to Apply?*

Statewide Falls Prevention Coalitions Funding Opportunity

Step 1:

- Review the RFP on the [funding opportunity webpage](#) to familiarize yourself with the application process and project expectations.

Step 2: Set up your account in the [application portal](#).

- Create an account with WizeHive, the host portal you will use to submit all application materials.

Step 3: Submit your Letter of Interest in the application portal.

- Submit your Letter of Interest by providing organization information, confirming eligibility, and indicating the funding opportunity your organization will pursue (Application A: *Develop a coalition in a state that currently does not have an active coalition* or Application B: *Enhance an existing state falls prevention coalition to significantly improve and/or expand falls prevention activity on a statewide and/or local level*).

Step 4: Submit your application in the application portal. Applications must be submitted via the application portal by *Feb. 21, 2025, 11:59 p.m. Eastern Time*.

Application A Checklist

(Develop a coalition in a state that does not have an active coalition)

*State coalitions listed as “inactive” or “in development” [on this list](#) are eligible to apply under **Application A**.*

- Complete the following short answer sections in the narrative application:
 - Statement of Need
 - Proposed Project
 - Organization Capacity
 - Evaluation Plan
 - Sustainability Plan

- Upload Budget – use template in Appendix A
- Upload Budget Narrative – use template in Appendix B
- Upload Work Plan – use template in Appendix C
- Upload Letters of Commitment from Key Partners
- Upload Resume/CVs of Key Personnel
- Upload Audited Financials; include a PDF version of most recent:
 - Audited Financials or 990 Tax Form; and
 - Agency W-9 Form
 - SAM.gov Registration Verification
 - Organization’s Unique Entity Identifier (UEI)

- Upload Proof of Nonprofit Status (as applicable)
- Upload Indirect Cost Agreement (as applicable)

Application B Checklist

(Enhance an existing coalition)

*State coalitions listed as “active” on this [list](#) are eligible to apply for **Application B**.*

- Complete the following short answer sections in the narrative application:
 - Coalition Information
 - Statement of Need
 - Proposed Project
 - Organization Capacity
 - Evaluation Plan
 - Sustainability Plan

- Upload Budget Proposal – use template in Appendix A
- Upload Budget Narrative – use template in Appendix B
- Upload Work Plan – use template in Appendix C
- Upload Letters of Commitment from Key Partners
- Upload Resume/CV of Key Personnel
- Upload Audited Financials; include a PDF version of most recent:
 - Audited Financials or 990 Tax Form; and
 - Agency W-9 Form
 - SAM.gov Registration Verification
 - Organization’s Unique Entity Identifier (UEI)
- Upload Proof of Nonprofit Status (as applicable)
- Upload Indirect Cost Agreement (as applicable)

Appendix H – Prospective Falls Prevention Coalition Members

Falls prevention coalitions should have a varied, cross-sector, multidisciplinary membership that includes members with clinical and professional expertise, lived experience, and individuals who represent the community.

The following is a list of prospective State Falls Prevention Coalition members.

- 1. Aging Organizations and Aging Professionals**
 - a. Aging and Disability Resource Centers
 - b. Aging professionals (e.g. gerontologists, professors, board members)
 - c. Area Agencies on Aging
 - d. Meals on Wheels
 - e. Senior centers
 - f. State units on aging
 - g. State and local AARP offices
 - h. Title VI Native American Aging Programs
 - i. Villages
- 2. Disability**
 - a. Direct support professionals
 - b. State assistive technology programs
 - c. State and local disability offices (centers for independent living)
- 3. Government Agencies**
 - a. City and urban planners
 - b. Fire departments
 - c. Housing departments

- d. Law enforcement
 - e. Parks and recreation departments
 - f. Traffic and safety departments
- 4. Healthcare Organizations and Healthcare Professionals**
- a. Case Managers
 - b. Healthcare professionals (e.g. registered dietitians, occupational therapists, podiatrists, emergency medical services, pharmacists, optometrists, DME providers, etc.)
 - c. Home health care agencies
 - d. Medical groups and hospital systems
 - e. Mental and behavioral health providers (e.g. therapists, social workers, substance use counselors)
 - f. Primary care offices
 - g. Public health professionals
 - h. Skilled nursing facilities
- 5. Housing**
- a. Architects and designers
 - b. Home modification business, home repair and handyman services
 - c. Housing and community development departments
 - d. Mobile home parks
 - e. Non-profit housing organizations such as Habitat for Humanity and Rebuilding Together
 - f. Public housing
 - g. Real estate agents
 - h. Remodelers, contractors, and builders
 - i. Senior housing, assisted living, and retirement communities
 - j. State and local housing authorities
- 6. Individuals with lived experience**
- a. Caregivers for older adults
 - b. Family members of older adults
 - c. Older adults, particularly those with a history of falls or those who have a high risk of falling
- 7. Policymakers & Advocacy Groups**
- a. Community leaders
 - b. Neighborhood associations
 - c. State and local policymakers
- 8. Other**
- a. Education systems (e.g. schools, community colleges, technical schools, universities)
 - b. Faith-based groups
 - c. Gyms, fitness centers, and health clubs
 - d. Libraries
 - e. Media (e.g. newspaper, radio, podcasts, etc.)

- f. Public and private transportation (e.g. taxi services, city transit authorities, etc.)
- g. Rotary clubs

Appendix I – Funding Acknowledgement

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