

2025 ACL Innovation Lab Funding Opportunity Request for Proposals

I. Background

Falls among older adults are common, costly, and often fatal. Roughly [36 million falls](#) occur across the nation each year, and they frequently negatively impact older adults' health, independence, and overall well-being. Over the last two decades, significant strides have been made in increasing awareness about falls and access to [evidence-based programs](#) to prevent falls and reduce falls risk. However, current efforts and evidence-based falls prevention programs are not reaching or relevant for all populations and communities.

Recognizing these gaps, the Administration for Community Living (ACL) Innovation Lab recently examined literature about evidence-based falls prevention programs and identified components of this existing suite of programs that are associated with reduced falls risks among older adults. These components, or activities and approaches, may provide a more flexible, adaptable, sustainable, and relevant pathway for organizations to integrate and sustain falls prevention within their community, contexts, and existing services (see **Appendices A and B** for more background on falls prevention in the aging network and the component identification process).

This funding opportunity is intended to support projects that test and demonstrate the implementation of the falls prevention activities identified by the ACL Innovation Lab. Although these projects are intended to build upon existing organizational and community supports for older adults, grant funds cannot be used for the delivery or adaptation of 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](#) (see **Appendix H** for more on adaptation). Rather, this funding must be dedicated to testing and demonstrating the implementation of the falls prevention activities identified by the ACL Innovation Lab, separately from the historical implementation of evidence-based falls prevention programs.

II. Project Goal and Activities

Project Goal

The goal of this funding opportunity is to test the implementation of falls prevention activities identified by the ACL Innovation Lab and demonstrate if and how this approach is feasible, acceptable, and offers flexible, adaptable, and relevant options to address communities' falls prevention needs.

The award will fund up to 18 community-based organizations to:

- a) Select and offer community-driven falls prevention activities identified by the ACL Innovation Lab to older adults in their communities;

- b) Document how they integrate the falls prevention activities into their existing aging and/or health promotion/disease prevention-related efforts and deliver them in their communities; and
- c) Measure the extent to which the activities are effective at reducing the risk of falls and/or other fall-related outcomes in their communities.

Project Activities

- **Select** at least 2 falls prevention activities from the ‘menu’ provided (**see Appendix C**) to implement in your community. Selected activities should address your community’s needs and complement, but not duplicate, your organization’s existing falls prevention-related efforts (if any).

Your selected activities must be independent of 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](#). Therefore, selected activities cannot be added to or implemented in conjunction with evidence-based falls prevention programs.

- **Deliver** falls prevention activities to older adults in your community.. This may include the populations that you currently serve or new populations you plan to engage as part of this project. Participants must not have participated in an evidence-based falls prevention program within the 12 months prior to starting the falls prevention activities and should be advised not to participate in an evidence-based falls prevention program such as those listed in the National Council on Aging (NCOA) [Evidence-Based Program Tool](#) until after they have completed this project’s final data collection.
- **Engage** the 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. Key community representatives/partners should be involved in the development of your application submission for this funding opportunity.
- **Obtain** Institutional Review Board (IRB) approval through the Innovation Lab’s IRB of record. Tribal organizations applying for this funding opportunity may work with their Tribal IRB, Indian Health Service (IHS) IRB, university IRB, or other IRB of their choice and must obtain applicable Tribal authority approvals. Technical assistance will be provided to support grantees’ IRB-related efforts (see **Appendix I** for considerations for Tribal organizations).
- **Collect and report** a limited amount of de-identified data about: a) the people who participate in the falls prevention activities; and b) how the activities are being conducted, delivered, and the extent to which they are associated with reducing fall-related risks (see Section XI. Reporting Requirements for more information on data collection and reporting).
- **Participate** in technical assistance offerings to support your work and address any challenges that you encounter during the project period.

III. Award Information

- A. **Total Award Amount:** \$250,000-\$290,000
- B. **Number of Awards:** Up to 18 awards
- C. **Length of Project Period:** Two years
- D. **Key Dates**
 - **Letter of Interest Deadline:** Feb. 10, 2025, at 11:59 p.m. Eastern Time
 - **Application Deadline:** March 21, 2025, at 11:59 p.m. Eastern Time
 - **Notification of Awards:** May 15, 2025
 - **Award Start Date:** June 1, 2025
- E. **Informational Webinar (optional):** Thursday, Jan.30, 2025, from 3-4 p.m. Eastern Time.
 - This webinar will review the Request for Proposals (RFP), how to apply, and question and answer (if time allows).
 - To register, visit:
https://ncoa.zoom.us/webinar/register/WN_MzjXkJfQVmgTggU2bIPhg
- F. **Office Hours session (optional):** Tuesday, Feb. 25, 2025, from 3-4 p.m. Eastern Time.
 - This session is dedicated to answering applicant questions.
 - To register, visit:
https://ncoa.zoom.us/webinar/register/WN_eYj5K_g3RMuNsGBkds702A

The informational webinar and office hours session will both be recorded and made available on the funding opportunity webpage. Questions asked during the webinar and office hours 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

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

This funding opportunity has two parts:

1. Part 1 Letter of Interest
2. Part 2 Application

PART 1: LETTER OF INTEREST

All applicants must electronically submit a Letter of Interest via the [application portal](#) between January 16 and Feb. 10, 2025. *The Letter of Interest is required and must be completed to access the Application. Please note that responses to the Letters of Interest will be used to support the implementation of this funding opportunity. No feedback will be provided.*

When you first enter the application portal, you will be asked to create a user profile. After you create your profile, you will be asked to submit a Letter of Interest.

The section below outlines the information that will be requested as part of the Letter of Interest. Please email healthyaging@ncoa.org with any questions regarding your Letter of Interest or Application submission.

Letter of Interest

A. Applicant Description

1. Provide your organization's name; geographic location; service area; mission, vision, and/or goals. *(Maximum word count: 100)*
2. Describe the population(s) and/or community(ies) your organization serves, including the size of the population/community or number of people served. *(Maximum word count: 150)*
3. Describe the services/programs your organization offers and your organization's experience delivering health promotion/disease prevention/injury prevention, aging, and/or falls prevention programs, services, or strategies. *(Maximum word count: 200)*
4. 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: 200)*

B. Proposed Project

1. Select *at least two (2)* falls prevention activities you propose to implement from the three categories below (see **Appendix C** for the menu of options in each category):
 - Category 1: Physical Activity
 - Category 2: Home Modification and Assistive Devices

- Category 3: Education and Behavior Change

Activities may be selected from the same category or across multiple categories; however, you must select *at least one (1) activity* from Category 1: Physical Activity or Category 2: Home Modification and Assistive Devices.

The quantity of activities selected will not be considered in the scoring of applications.

Selection Guidelines:

- Selected activities must not duplicate your existing falls prevention-related efforts
 - Selected 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](#)
 - Participants of your selected activities must not have participated in an evidence-based falls prevention program within the 12 months prior to starting the falls prevention activities. In addition, participants should be advised not to participate in an evidence-based falls prevention program such as those listed in the National Council on Aging (NCOA) [Evidence-Based Program Tool](#) until after they have completed this project's final data collection
2. Describe the population(s) and/or community(ies) you aim to reach in this project. *(Maximum word count: 200)*
 3. Explain a) why you are applying for this funding opportunity, including the challenges, gaps, and/or needs you aim to address; and b) what you aim to achieve with this support. *(Maximum word count: 300)*
 4. Describe how you might integrate your selected falls prevention activities into your existing aging and/or health promotion/disease prevention related efforts. Please note that your 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](#). *(Maximum word count: 300)*
 5. List the key partners you plan to engage in this work and briefly describe their anticipated roles. *(Maximum word count: 300)*

PART 2: APPLICATION

After you submit your Letter of Interest, you will receive a confirmation email that it has been submitted. The section below outlines the information that will be requested as part of the Application.

Application

A. Populations and Communities

1. Describe the population(s) and/or community(ies) of older adults you aim to reach in this project. *(Maximum word count: 200)*

B. Statement of Need

1. Provide a brief general history of falls prevention-related activities in your community to the best of your knowledge, including your organization's 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)*
2. Describe any barriers to delivering falls prevention or other health promotion activities that you have encountered. *(Maximum word count: 400)*
3. 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)*

C. Proposed Project

1. **Falls Prevention Activities:** Select *at least two (2)* falls prevention activities you propose to implement from the three categories below (see **Appendix C** for the menu of options in each category):
 - Category 1: Physical Activity
 - Category 2: Home Modification and Assistive Devices
 - Category 3: Education and Behavior Change

Activities may be selected from the same category or across multiple categories; however, you must select *at least one (1) activity* from Category 1: Physical Activity or Category 2: Home Modification and Assistive Devices.

The quantity of activities selected will not be considered in the scoring of applications.

Selection Guidelines:

- Selected activities must not duplicate your existing falls prevention-related efforts
 - Selected 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](#)
 - Participants must not have participated in an evidence-based falls prevention program within the 12 months prior to starting the falls prevention activities and should be advised not to participate in an evidence-based falls prevention program such as those listed in the National Council on Aging (NCOA) [Evidence-Based Program Tool](#) until after they have completed this project's final data collection
2. **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)*
 3. **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)*

4. **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](#).
 - 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: Grantees will receive technical assistance to more fully develop an implementation plan for their falls prevention activities.*
5. **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)*
6. **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)*
7. **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)*
8. **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)*
9. **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)*
10. **Institutional Review Board:** The University of Pittsburgh will serve as the multisite Institutional Review Board (IRB) of record for the Innovation Lab grantees. Tribal grantees may work with their Tribal IRB, Indian Health Service (IHS) IRB, or other IRB of their choice and must obtain applicable Tribal authority approvals. Indicate below if you plan to use the project's IRB or a different IRB for this project.
- We plan to work with the project's multisite IRB.
 - We plan to work with a different IRB.

*Note: Technical assistance will be provided to support grantees' IRB-related efforts. See **Appendix I** for considerations for Tribal organizations.*

11. **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)*

E. Organization Capacity

1. Explain how this project fits within your organization's mission, vision, and/or goals. *(Maximum word count: 200)*
2. 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.

Note: Applicants must upload a resume, cv, or statement of experience for all project key personnel, including your organization's staff and key partner representatives, in the attachments section of the application.

3. 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)*
4. 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)*
5. 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)*
6. Indicate whether your organization has experience working with an Institutional Review Board (IRB). (Yes/No). *Technical assistance will be provided to support grantees' IRB-related efforts. See **Appendix I** for considerations for Tribal organizations.*

F. Safety Agreement

Applicants must indicate their agreement to develop a safety plan should they be awarded funding. This plan will put measures in place to reduce the risk of harm or injury; for example, teaching participants how to utilize appropriate structural support for falls prevention exercises/physical activity. Technical assistance will be provided to grantees to support the development of their safety plan. Please check the box to indicate your understanding of and agreement to this requirement of the project.

G. 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 minimum is \$250,000 and it must not exceed \$290,000. Applicants must provide separate budgets for Year 1 and

Year 2 as well as a combined budget for Years 1 and 2 using the budget template provided in **Appendix E**. *Note: Home modifications and assistive devices can be covered by grant funds, but expenses may not exceed a total of \$1,000 per participant.*

H. 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 and Year 2 using the budget narrative template and instructions provided in **Appendix F**.

I. Work Plan

Upload a work plan that includes goal(s), objective(s), outcome(s), key activities, lead personnel responsible for carrying out activities, and a timeline for the two-year project period broken down into a Year 1 (months 1-12) work plan and a Year 2 (months 13-24) work plan. 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 G**.

J. Letters of Commitment from Key Partners

Upload letters of commitment to the project from key collaborating groups, 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\(b\)](#) or 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) is more important than the quantity of letters submitted with your application.
- Signed letters of commitment must be uploaded via the application portal – hard copies will not be accepted.

K. Key Personnel Resumes/CVs

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, you may submit a statement or list of the individual's background, experience, and expertise.

L. 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)

M. 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

N. 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 U.S. 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

Applications must meet all the following screening requirements:

1. Letters of interest must be submitted via the application portal by February 10, 2025, by 11:59 pm Eastern Time
2. Applications must be submitted via the application portal by March 21, 2025, by 11:59 pm Eastern Time
3. Applicants are required to complete all sections of the application and upload a two-year work plan, budget, budget narrative, letters of commitment, financial documentation, and resumes/CVs for key personnel
4. The two-year budget must not exceed \$290,000
5. If applicable, any costs budgeted for home modification and assistive devices do not exceed \$1,000 per participant
6. The Work Plan must not exceed 24 months
7. Applicants' selected 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](#)
8. Participants of your selected falls prevention activities must not have participated in an evidence-based falls prevention program within the 12 months prior to starting the falls prevention activities. In addition, participants should be advised not to participate in an evidence-based falls prevention program such as those listed in the National Council on Aging (NCOA) [Evidence-Based Program Tool](#) until after they have completed this project's final data collection.
9. Applicants must check the Safety Agreement box to indicate their agreement to create a safety plan for this project should they receive funding
10. If you are a Tribal organization defined in [24 CFR 1003.5\(b\)](#) or 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.

VII. Criteria for Selection

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 meetings and/or written correspondence with applicants, a review of the most recent Audited Financials and/or 990 Tax Form.

A. Populations and Communities (10 points): Scoring will be based on your descriptions of your identified population(s) and/or community(ies).

B. Statement of Need (10 points): Scoring will be based on your descriptions of:

- The history of falls prevention activities in your community (applicants are encouraged to do some research to determine your community's history of falls prevention activities if this is not known)
- Barriers to delivering falls prevention or other health promotion activities that you have encountered
- Why you will focus on engaging your selected population(s) and/or community(ies) for this project

C. Proposed Project and Work Plan (30 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) including how many participants you expect to reach during the two-year project period
- Why you selected your chosen falls prevention activities including: why the activities are important to your identified population(s) and/or community(ies) and how you expect the activities will complement and/or improve your current falls prevention-related programming (if any)
- How you might implement your selected falls prevention activities, including how many times you expect to offer the activities during the project period, and if applicable; 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); how you can integrate the activities into your existing aging and/or health promotion/disease prevention-related efforts, if applicable; and your inclusion of any activities from Appendix D
- How you intend to reach your identified population(s) and/or community(ies)
- Key partners, their anticipated roles, and how you plan to engage your partners in this work
- 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
- Opportunities and resources in your area you will engage to support your work
- Potential challenges and barriers you anticipate encountering, and how your project will address them preemptively or as they arise

- Your proposed or anticipated plan to sustain the work after the funding ends, including how you will embed the work into your and your partners' ongoing efforts
- Completeness and feasibility of the Work Plan (with separate plans for Year 1 and Year 2 including project goals, objectives, key activities, key personnel responsible for carrying out activities, a timeline for the two-year project period), and alignment to the activities described in the application and budget narrative

D. Organization Capacity (30 points): Scoring will be based on your descriptions of:

- How this project fits within your organization's mission, vision, and/or goals
- Your capacity to implement your selected falls prevention activities as described in your Proposed Project section responses, including your experience delivering health promotion/disease prevention, aging, and/or falls prevention programs, services, or strategies, as well as staff members' experience, expertise, and proposed roles and responsibilities for the project
- Your capacity to reach your identified population(s) and/or community(ies), including how you promote access to services in your community
- Your organization's experience with engaging the community in your planning and/or delivery of programs, data collection, and/or other research-related activities (if any).
- Your organization's experience with program and participant data collection and/or research-related activities (if any) (research experience is not required, and technical assistance will be provided to all awardees to support their data collection and research-related activities)

E. Letters of Commitment (10 points): Scoring will be based on the quality of the letter content, including specificity of partner roles and history of the partnership (if applicable), and whether you have endorsement from your organizational leadership or Tribal leadership (if applicable) for this project. Applicants should make a strong effort to secure letters of commitment from all key partners that will be involved in the project.

F. Budget and Budget Narrative (10 points): Scoring on the budget will be based on whether the budget reflects expenses for both years of the project, its feasibility, and how well it adheres to the budget instructions. Scoring on the budget narrative will be based on whether the budget narrative reflects the resources necessary to carry out the activities described in the application and work plan and how well it adheres to the budget narrative instructions.

VIII. Review and Selection Process

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 federal government agencies. Based on the Criteria for Selection as outlined under Section VII, the reviewers will comment on and score the applications, focusing their comments and scoring decisions on the identified criteria.

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 applicant organization types and falls prevention activity types.

IX. Grantee Expectations

If funded, grantees will be expected to fulfill the responsibilities outlined below:

Note: Comprehensive technical assistance will be provided to support grantees' work throughout the life of the project.

- Implement the selected falls prevention activities with your identified population(s) and/or communities.
- Engage participants in your falls prevention activities who have not participated in an evidence-based falls prevention program within the 12 months prior to starting the falls prevention activities and advise them not to participate in an evidence-based falls prevention program such as those listed in the National Council on Aging (NCOA) [Evidence-Based Program Tool](#) until after they have completed this project's final data collection.
- Collect and report data on the extent to which the activities are effective at reducing the risk of falls in your community(ies).
- Document how you integrate the falls prevention activities into falls prevention-related efforts in your community(ties).
- Develop a safety plan for your project with support from the project's technical assistance team.
- Submit programmatic and financial reports as outlined in Section XI of this funding opportunity in a timely manner.
- Participate in technical assistance (TA) activities including:
 - A virtual kickoff event for all grantees in the first month of the award
 - Group TA (including webinars and a peer-to-peer Learning Community)
 - Bi-monthly (every other month) one-on-one TA meetings with NCOA and partners
 - Bi-monthly (every other month) group TA meetings with NCOA and partners
- Work with the Innovation Lab's Institutional Review Board (IRB) of record (Tribal organizations may work with their Tribal/IHS or other IRB) and follow IRB protocols). Grantees may not start their falls prevention activities until they have gone through IRB onboarding and received IRB approval. Technical assistance will be provided to support grantees' IRB efforts.
- Include one of the following disclaimers on all products produced using this grant funding:

For the HHS Grant or Cooperative Agreement that is NOT funded with other non-governmental sources, include this statement:

"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.

For the HHS Grant or Cooperative Agreement that IS partially funded with other nongovernmental sources, include this statement:

"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.

X. Use of Grant Funds (Funding Restrictions)

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.

XI. Reporting Requirements

Data Collection and Reporting

Grantees will be required to report: a) a limited amount of de-identified data about the people who participate in the falls prevention activities; and b) information about how the activities are being conducted (implementation data). The project technical assistance team will work with each grantee to provide training and develop a tailored data collection plan.

NCOA is committed to upholding Tribal sovereignty by ensuring the required permissions are in place for working with Tribal organizations and communities from Tribal leadership and other officials (see **Appendix I**).

Progress and Financial Reports

Grantees will be required to provide financial reports, semi-annual reports, and a final report to the National Council on Aging (NCOA). The semi-annual and final reports must be accompanied by a financial report.

- **Semi-annual reports** will be due on Dec. 31, 2025; June 30, 2026; and Dec. 31, 2026
- **The final report** will be due on July 31, 2027

XII. Appendices

- A. Falls Prevention in the Aging Network
- B. The ACL Innovation Lab's Taxonomy Development and Analysis Process
- C. Falls Prevention Activity Selection Guidance

- D. Activity Delivery and Organizational Level Strategies
- E. Budget Template
- F. Budget Narrative Template
- G. Work Plan Template
- H. Key Definitions
- I. Information for Tribal Organizations
- J. Grant Writing Resources
- K. Application Narrative Worksheet
- L. Application Checklist – *Am I Ready to Apply?*
- M. Funding Acknowledgement

Appendix A

Falls Prevention in the Aging Network

This work builds upon a foundation of initiatives to reduce falls, falls risks, and falls related injuries among older adults. Learn more about how the ACL Innovation Lab advances this work by providing a new approach to delivering falls prevention interventions in a range of communities and settings here: <https://generations.asaging.org/evidence-aging-services-dynamic-world>

The Administration for Community Living (ACL)

Since 2014, ACL has awarded more than \$43 million in grants through the Prevention and Public Health Fund for falls prevention programs. These grants have been awarded to domestic public and private nonprofit entities, state agencies, community-based organizations, universities, and tribal organizations. ACL also funds a nonprofit organization to serve as an ACL National Falls Prevention Resource Center. The purpose of the ACL Falls Prevention program is to bring to scale and sustain evidence-based falls prevention programs that have been proven to reduce falls, fear of falling, and fall related injuries in older adults. Learn more here: [Falls Prevention Program | ACL Administration for Community Living](#)

The National Council on Aging

[The Falls Free® Initiative](#) is a national effort led by NCOA to address the growing public health issue of falls-related injuries and deaths in older adults. It conducts advocacy, awareness, and educational initiatives, including building community infrastructure to reduce falls among older adults. A key aspect of this work is the [National Falls Prevention Action Plan](#), which will be launched with updated priorities and recommendations in 2025.

The Centers for Disease Control and Prevention

The [Centers for Disease Control and Prevention](#) have also played a key role in older adult falls prevention, providing data, information, tools, and resources for consumers, providers, and professionals to reduce the risk of falls.

Appendix B

The ACL Innovation Lab's Taxonomy Development and Analysis Process

The falls prevention activities that will be implemented by grantees in this funding opportunity come from a falls prevention taxonomy developed by Impact Genome (IG) with input from a

Research Advisory Collaborative (RAC) of subject matter experts, the National Council on Aging, and the Administration for Community Living as part of the ACL Innovation Lab. This section outlines the taxonomy development and analysis process.

Guided by input from the RAC, IG conducted a review of existing literature on falls prevention interventions, including peer-reviewed and grey literature sources, and coded the literature to draft four frameworks: outcomes, core intervention components, intended recipients, and contextual elements. The frameworks were reviewed by the RAC and iterated.

Next, IG reviewed the bibliography of falls prevention literature and refined it for coding. IG researchers applied the four frameworks listed above to the evidence base to build a coded and structured dataset. IG conducted a taxonomic meta-synthesis to identify 'core' components based on their relationship to falls prevention outcomes. The falls prevention activities that grantees will implement as part of this funding opportunity come from this larger set of identified core components.

Appendix C

Falls Prevention Activity Selection Guidance

In your Letter of Interest and Application, you will be asked to select at least two (2) falls prevention activities that you propose to implement for this funding opportunity.

The falls prevention activities are grouped into three categories:

- Category 1: Physical Activity
- Category 2: Home Modification and Assistive Devices
- Category 3: Education and Behavior Change

Activities may be selected from the same category or across multiple categories; however, you must select at least one (1) activity from Category 1: Physical Activity or Category 2: Home Modification and Assistive Devices.

The quantity of activities selected will not be considered in the scoring of applications.

Selection Guidelines:

- Selected activities must not duplicate your existing falls prevention-related efforts
- Selected 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](#)
- Participants of your selected activities must not have participated in an evidence-based falls prevention program within the 12 months prior to starting the falls prevention activities, and must be advised not to participate in an evidence-based falls prevention program such as those listed in the National Council on Aging (NCOA) [Evidence-Based Program Tool](#) until after they have completed this project's final data collection.

In the Application, after you select your falls prevention activities, you will be asked to describe how you might implement the activities during this project. *Please note that, if funded, you will have the opportunity to develop a more robust implementation plan with technical assistance*

provided by project partners and consultants. Technical assistance will be provided throughout the project to support all aspects of the grantee's work.

The falls prevention activity menus are as follows:

CATEGORY 1: PHYSICAL ACTIVITY

| | |
|--|---|
| 1. Aerobic and Endurance Exercises | Exercises that are sustained, rhythmic activities that elevate heart rate and breathing (e.g., exergaming, stationary cycling, hula, dance). |
| 2. Balance and Stability Exercises | Movements aimed at enhancing coordination and control such as weight shifting, reactive balance training, center of gravity manipulation (e.g., standing marches, standing on one leg, foot taps, sit/stand exercises, walking with basket balanced on head). Some activities may include exercises that integrate deliberate physical movements with mental engagement, cognitive focus, and relaxation techniques (e.g., yoga, Tai Chi, dual-task activities such as walking and counting backwards). |
| 3. Strength Exercises and Functional Movement | Exercises that involve dynamic movements that strengthen muscles for enhanced performance in daily tasks. Examples include strength training, resistance training, reaching exercises, and sit/stand exercises. |
| 4. Walking Exercises or Training | Any form of walking exercises (e.g., normal walking, heel-toe walking, stepping) or training on how to walk correctly (e.g., gait training or speed adjustments). |

****If you select an activity from Category 1: Physical Activity, additional recommended activities to be considered for implementation alongside your selected activity(ies) will be provided for selection. These activities are optional and may only be conducted in conjunction with an activity from Category 1: Physical Activity. They include:**

- Flexibility and Stretching Exercises:** Exercises that involve deliberate movements aimed at increasing the range of motion and elasticity of muscles and joints.
- Warm-Up and/or Cool-Down Exercises:** Exercises that gradually increase heart rate, circulation, and flexibility before engaging in more intense physical activity, and/or exercises that gradually lower heart rate and ease muscles back to their resting state.
- Physical Health Education:** Content that focuses on physical health and well-being, including chronic disease management, the importance of nutrition and exercise, the impact of alcohol consumption, and other related topics.

CATEGORY 2: HOME MODIFICATION AND ASSISTIVE DEVICES

| | |
|---|---|
| 1. Home Safety and Home Modification Education | Teaches participants about common home hazards, solutions and modifications to remove hazards and barriers, strategies to add supports in the home, and use of home modifications for increased safety and reduced risk of falls. |
|---|---|

| | |
|--|--|
| 2. Home Environment Assessment/ Evaluation | Completion of a home hazard and safety assessment. This may be done by the facilitator or the participant. <i>*Selection of this activity requires the concurrent implementation of #3 and #4 within this category.</i> |
| 3. Recommendations for Adaptive Devices and/or Home Modifications | Provision of suggestions for appropriate adaptive devices and/or home modifications (e.g., recommending grab bars or the removal of rugs). <i>*Selection of this activity requires the concurrent implementation of #2 and #4 within this category.</i> |
| 4. Provision of Adaptive Devices and/or Makes Home Modifications | Direct provision of adaptive devices to the participant and/or making the recommended home modifications (e.g., installing equipment or fall-proofing their living area). <i>*Selection of this activity requires the concurrent implementation of #2 and #3 within this category.</i> |
| 5. Provision of Assistive Devices | Direct provision of assistive devices to the participant (e.g., wheelchairs, walkers, hearing aids, reachers, orthopedic shoes) as well as proper fitting for the user and education on proper use. This must be conducted by a qualified professional (e.g., physical therapist). <i>*Selection of this activity requires the concurrent implementation of #6 within this category.</i> |
| 6. Education on Assistive Devices | Focuses on the assessment or correct use of tools, equipment, or technologies designed to help participants perform tasks, activities, or movements they might otherwise find challenging or impossible to accomplish independently (e.g., wheelchairs, walkers, hearing aids, reachers, orthopedic shoes). |

Home Modification and Assistive Devices Guidelines

As part of the activities listed in Category 2: Home Modifications and Assistive Devices, grantees may provide minor home modifications that aim to increase general safety, reduce falls risks, increase home accessibility, and improve the functional abilities of the participant to make tasks easier.

Home modification and assistive devices can be covered by grant funds, but expenses may not exceed a total of \$1,000 per participant.

Examples:

- Grab bars and interior/exterior handrail installations
- Support in building ramps or provision of temporary ramps
- Installing off-set hinges on doors and replacing doorknobs with lever handles
- Flooring and stairway repairs
- Improved lighting (e.g., night lights, replacing light bulbs)
- Durable medical equipment, assistive devices, and other items that support daily activities (e.g., shower or tub transfer bench, handheld shower head, non-slip strips for tub/shower or stairs, raised toilet seat, vision and hearing items, walking and mobility devices)

Depending on the types of home modifications and devices provided and the health and activity levels of the recipients of the home modifications, an Occupational Therapist (OT) may be required to ensure that the home modifications address the participant’s goals and current and future needs and promote their full participation in daily life activities. OTs are trained to evaluate individuals’ functional abilities and how those interact with the home environment. They are familiar with the range of low-cost, high-impact environmental modifications and adaptive equipment used to optimize the home environment and increase independence.

All home modifications and assistive devices must be designed to increase general safety, improve accessibility, and improve the functional abilities of the participant to make tasks easier, reduce the risk of falls, and extend the amount of time the participant can safely live in their primary residence. Funding may not be used to support construction and rehabilitation of buildings.

Applicants are encouraged to consider partnering with local non-profits and other home modification programs and providers. See the following links for potential partners:

- [Home Modification Information Network - USC Home Modification](#)
- [Find Your Local Affiliate | Rebuilding Together](#)
- [Find your local Habitat | Habitat for Humanity](#)

CATEGORY 3: EDUCATION AND BEHAVIOR CHANGE

Education and Behavior Change activities may focus on a range of topics related to falls risks, such as physical activity, home modification, medication management, and chronic disease management.

| | |
|---|---|
| 1. Activities for Cognitive Coping and Regulating Emotions | Activities to build participants’ cognitive coping and emotional regulation skills, such as identifying and challenging negative thoughts, identifying anxiety triggers, cognitive restructuring, and building self-efficacy for falls-related anxiety. |
| 2. Psychological Risk Factors for Falls | Includes content that focuses on psychological risk factors that contribute to falls, including depression, fear of falling, social isolation, and balance confidence. |
| 3. Executive Functioning Exercises | Activities to help participants engage in executive functioning, including attention, memory, verbal fluency, spatial orientation, cognitive reaction time, and processing speed (e.g., recall exercises, solving mental math questions, cognitive reaction time). Note: these are activities, not the use of a screening tool. |
| 4. Goal Setting and/or Action Planning | Participants, often with the support of a facilitator, setting goals and/or creating action plans. This can include treatment and care plans. |
| 5. Opportunities for Feedback | Facilitators provide participants with personal insights and feedback. This can include feedback on physical health behaviors and game scores. |
| 6. Opportunities to Develop and Exercise Self-Advocacy | Provides participants with opportunities to develop and practice self-advocacy (e.g., self-advocacy with healthcare providers, how to report |

| | |
|---------------------------------------|--|
| | environmental risks, identifying solutions, decision-making problem-solving skills). |
| 7. Support for Behavior Change | Provides support for eliciting behavior change in participants. This includes encouragement, identifying participants' strengths, working through challenges, structures for accountability, and coaching. |

Appendix D

Activity Delivery and Organizational Level Strategies

The ACL Innovation Lab found that the following activity delivery approaches and organization level strategies were associated with reduced falls risk. Applicants should consider the following activity delivery and organizational level strategies for inclusion (as applicable) in their description of how they will implement their selected falls prevention activities in Question 4 of the Proposed Project section.

| EXERCISE-SPECIFIC APPROACHES | |
|---|---|
| Assistance with Exercising Safely | Grantees will be required to develop a safety plan to reduce risk and injury, include measures that ensure participants are provided with assistance such as ensuring correct form, suggesting modifications, or teaching them how to utilize appropriate structural support. |
| Exercise Progression | Exercises that progressively become more challenging (e.g., increased weights, resistance, duration, or speed; or progressing from seated exercise to using a chair for support, to no support). |
| Medium to High-Intensity Exercise | Exercises that are instructed to be completed at a medium to high-intensity level. |
| Seated Exercises | Exercises that can be performed while sitting. |
| Standing Exercises | Exercises that can be performed while standing. |
| Use of Exercise Equipment | Some falls prevention activities may include exercises that require the use of exercise equipment (e.g., weights, balance boards, treadmills). Such equipment may be purchased as part of this funding opportunity. |
| DELIVERY AND PARTICIPANT ENGAGEMENT APPROACHES | |
| Activities are Individualized | Includes tailored activities, instruction, products, and/or resources to the needs, skills, interests, and capacities of individual participants. |
| 1:1 Activities | Activities where one participant and a facilitator take part in an activity together. |
| Home Assignments and Exercises | Includes participants completing assignments or performing exercises at home, outside of the program session. |
| Opportunities for Discussion | Opportunities for participants to discuss activity content and/or personal experiences. This can include structured or organic opportunities. |
| Repetition of Content | Content being presented to participants multiple times. This may include summaries and reviews. |
| Use of Direct Instruction of Content | Facilitators directly delivering content to communicate the material to participants. |

| | |
|---|---|
| Use of Games | Opportunities for participants to engage in games (e.g., bingo, exergames, Wii Fit games). |
| Use of Technology | Leverages technology to deliver the activity and/or communicate with participants. This can include the use of websites, online platforms, apps, virtual reality, video calls, phone calls, or text messages. |
| Use of Visual Aids | Uses visual aids, such as graphics, photographs, or videos, to communicate information and/or enhance understanding (e.g., videos of the exercise sequence, use of an on-screen avatar, pictures of neighborhood threats). |
| Peer-Led Support/Peer Modeling | Uses peers in a leadership position or as role models, including within specific program activities. This includes lay leader program models, peer coaching, and learning from peer leaders. |
| Facilitator-Participant Collaboration | Supports shared decision-making between facilitators and participants, including participants making choices and expressing preferences within the intervention. |
| FACILITATOR TRAINING | |
| Training for Facilitators | Includes providing facilitators with initial and/or ongoing training. |
| Facilitator Training About Program | Includes explicit training activities for facilitators to increase their understanding of the intervention itself, such as reviews of the program’s background, the implementation process, or curriculum. This includes how to work with participants, such as training on feedback and communication. |
| Facilitator Training about Assessments | The program trains facilitators in how and when to administer assessments and discuss results. This can also include training on how to use screening tools and administer physical assessments. |
| Facilitator Training about Falls Content | Trains facilitators in specific falls content areas that will be taught to participants, including fall prevention and risk factors. |
| Facilitator Training Includes Practice | Includes training for facilitators that allows for practice, including role play, teach-backs, and exercise practice. |
| Facilitators are Provided with Training Materials | Provides facilitators with necessary training materials and resources, including manuals, handbooks, instructional videos, and instructor checklists. |
| Opportunities for Facilitator Collaboration | Allows facilitators the opportunity to share learnings with and support one another. |
| Facilitator Coaching and Supervision | The program includes opportunities for individual facilitators to receive ongoing coaching or supervision. This often occurs onsite and utilizes observations of implementation and/or feedback. |
| OVERALL EFFORT CHARACTERISTICS | |
| Convenient Locations | Includes facilitators meeting participants at locations convenient and accessible for them (e.g., home visits, location with accessible parking, location near public transportation). |
| Flexible Scheduling | Includes facilitators meeting participants at flexible times, including the option to schedule make-up sessions. |
| Provides Language-Accessible Content and/or Delivery | Includes content and materials that are readily comprehensible and accessible through translations and adaptations tailored to participants' linguistic backgrounds (e.g., content is in participants’ dominant language, program uses a language interpreter, program materials for all literacy levels, facilitators read materials aloud). |

| | |
|---------------------------------------|--|
| Focus on General Falls Content | Includes content that focuses on the causes and risks of falls, prevention, or consequences and recovery after a fall. |
| Efforts are Structured | Follows a defined structure (e.g., using a curriculum, protocol, manualized approaches, or facilitator scripts). Organizations may work to manualize or structure their efforts throughout the course of the project period (technical assistance will be provided). |
| Efforts are Multifactorial | Addresses multiple risk factors for falling based on each participant's risk (e.g., participant engages in exercise and health education). |

Appendix E

Budget Template

Applicants are required to provide a Budget for the project using the following template. Provide a combined budget for the two-year project period as well as separate budgets for Year 1 and Year 2.

[Click here](#) to download the Budget 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 F

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 Year 1 and Year 2. 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.

[Click here](#) to download the 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 | \$115,000 | Project Director (name) = .5 FTE @ \$80,000/yr = \$40,000 Program Manager (name) = .5 FTE @ \$60,000/yr = \$30,000 Program Coordinator (name) = 1 FTE @ \$45,000/yr = \$45,000 Total \$115,000 |
| Fringe Benefits | \$38,995 | Fringe on Project Director at 34.30% = \$13,270 FICA (7.65%) Health (25%) Dental (2%) Life (1%) Unemployment (1%) Fringe on Program Manager at 34.30% = \$10,290 FICA (7.65%) Health (25%) |

| | | |
|-----------|---------|--|
| | | Dental (2%) Life (1%) Unemployment (1%) Fringe on Program Coordinator at 34.30% = \$15,435 FICA (7.65%) Health (25%) Dental (2%) Life (1%) Unemployment (1%) Total \$38,995 |
| Travel | \$7,647 | Travel to National Conference in Arlington, VA for 3 people Airfare 1 RT x 3 staff @ \$500 = \$1,500 Lodging: 3 days x 3 staff @ \$120/day = \$1,080 Per Diem: 3 days x 3 staff @ \$40/day = \$360 Total \$2,940 Local travel: 6 meetings with partners for 1 person Mileage: 6 RT @ .585 x 700 miles = \$2,457 Lodging: 15 days @ \$110/day = \$1,650 Per Diem: 15 days @ \$40/day = \$600 Total \$4,707 Travel Total \$7,647 |
| Equipment | \$5,000 | No Equipment requested (if none requested) OR: Call Center Equipment Installation and Phones |

| | | |
|-------------|----------|---|
| | | <p>\$5,000</p> <p>Total \$5,000</p> |
| Supplies | \$35,460 | <p>Assistive devices for 50 participants = \$5,000</p> <p>Home modifications for 50 participants = \$25,000</p> <p>2 Laptop computers \$3,000</p> <p>Printer cartridges @ \$50/every other month = \$300</p> <p>Consumable supplies (pens, paper, clips etc.) @ \$180/month = \$2,160</p> <p>Total \$35,460</p> |
| Contractual | \$62,200 | <p>(Organization name, purpose of contract and estimated dollar amount)</p> <p>Contract with AAA to manage referrals to services:</p> <p>1 Intake Specialist = \$16,500</p> <p>Volunteer Coordinator = \$10,700</p> <p>Contract with 1 occupational therapist to evaluate participants and recommend home modifications and assistive devices:</p> <p>1 Occupational Therapist = \$25,000</p> <p>Contract with home modification supplier to install home modifications:</p> <p>Home modification installer = \$10,000</p> <p>Total \$62,200</p> |

| | | |
|------------------|-----------|--|
| | | <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 | \$5,400 | 2 consultants (indicate types of consultants) @ \$100/hr for 24.5 hours each = \$4,900 Printing 10,000 brochures @ \$.05 = \$500 Total \$5,400 |
| Indirect Charges | \$19,865 | 12.9% of salaries and fringe = \$19,865 IDC rate is attached. |
| TOTAL | \$289,567 | |

Budget Narrative Completion Instructions

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.

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.

- *Funds may not be used for construction and/or rehabilitation of buildings*
- *Funds may be used for materials and equipment required for delivery of physical activities and education/behavior change activities (e.g., weights and stretch bands).*

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). Home modification and assistive devices can be covered by grant funds, but expenses may not exceed a total of \$1,000 per participant.

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.

- *Funds may not be used for construction and/or rehabilitation of buildings*

- *Funds may be used for materials and equipment required for delivery of physical activities and education/behavior change activities (e.g., weights and stretch bands).*

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 G

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.

[Click here](#) to download the Work Plan template.

Year 1: Start and end dates

Goal(s):

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: Start and end dates

Goal(s):

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)

Appendix H

Key Definitions

Adaptation of Evidence-Based Programs: The planned or unplanned alteration of an evidence-based program to fit the setting or to improve fit to local context.

Source: Salloum, R. G., Wagner, T. H., Midboe, A. M., Daniels, S. I., Quanbeck, A., & Chambers, D. A. (2022). The economics of adaptations to evidence-based practices. *Implementation science communications*, 3(1), 100. <https://doi.org/10.1186/s43058-022-00345-8>.

Aging Network: The Older Americans Act of 1965 (OAA) established a national network of federal, state, and local agencies to plan and provide services that help older adults to live independently in their homes and communities. This interconnected structure of agencies is known as the Aging Network. The National Aging Network is headed by the Administration on Aging. The network includes 56 State Agencies on Aging, 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, for-profit organizations, and foreign entities are not eligible for this funding opportunity. See Section IV. Eligibility for more information.

Bi-monthly: Occurring every other month.

Community Advisory Board (CAB): A group, committee, or board composed of community members who share an identity, geography, history, language, or other characteristic or experience and convene to contribute community voice to an initiative, program, policy, or project. CABs can ensure that research is acceptable, respectful, and beneficial to the community.

Source: Arnos, D., et al. (2021). *Tools and Resources for Project-Based Community Advisory Boards: Community Voice and Power Sharing Guidebook* [PDF]. Urban Institute. [tools-and-resources-for-project-based-community-advisory-boards_0.pdf](#)

Evidence-Based Program: Based on rigorous study of the effects or outcomes of specific interventions or model programs, evidence-based programs demonstrate reliable and consistently positive changes in important health-related and functional measures. Tested model programs are translated into practical, effective community-based programs. Organizations that implement these programs receive a packaged program with supportive materials to maintain fidelity and consistency of the program's content and delivery. For more information, visit [About Evidence-Based Programs](#).

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, and outline their specific roles and responsibilities. Applicants are required to submit their letters of interest via the application portal.

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.

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 I

Information for Tribal Organizations

Tribal Resolution

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. An example of a Tribal resolution from the National Resource Center on Native American Aging can be found [here](#) for reference only.

Data Collection and Institutional Review Board (IRB)

The National Council on Aging is committed to upholding Tribal data sovereignty. We will seek the required permissions for working with Tribal organizations and communities, including permissions from Tribal lawyers and Tribal leadership. Tribal organizations applying for this funding opportunity may work with their Tribal IRB, Indian Health Service (IHS) IRB, university IRB from an existing partnership, or other IRB of their choice.

Guiding Principles for Engaging in Research with Native American Communities

Project guidance on working with Tribal communities and tailored technical assistance for Tribal grantees will be provided by the National Resource Center for Native American Aging, in addition to other partners.

Appendix J

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 K

Application Narrative Worksheet

[Click here](#) to download a Word Document that includes all short answer questions from the application. You may type your responses in this document and copy/paste them into the application portal when they are completed.

Appendix L

Application Checklist – *Am I Ready to Apply?*

Step 1: 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 2: Submit your Letter of Interest in the application portal.

- Submit your Letter of Interest by February 10, 2025, 11:59 pm Eastern Time

Step 3: Submit your application in the application portal. Applications must be submitted via the application portal by *March 21, 2025, 11:59 p.m. Eastern Time.*

Application Checklist

- Complete the following sections in the application:
 - Select at least 2 falls prevention activities from the menu provided
 - Populations and Communities
 - Statement of Need
 - Proposed Project
 - Organization Capacity
- Complete the Safety Agreement by checking the box
- Upload Budget not to exceed \$290,000 – use template in Appendix D
- Upload Budget Narrative – use template in Appendix E
- Upload two-year Work Plan – use template in Appendix F
- 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)
- Upload Tribal Resolution (for Tribal organization applicants)

Appendix M

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