

## Frequently Asked Questions

Updated May 2021

### *Empowering Communities to Reduce Falls and Falls Risk*

Financed by FY 2017, FY 2018, FY 2019, FY 2020, and FY 2021 Prevention and Public Health Funds (PPHF)

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#### A. TECHNICAL ASSISTANCE RESOURCES

**1. Who are the Administration for Community Living (ACL)/Administration for Aging (AoA) staff members managing the Falls Prevention grant program?**

- [Keri Lipperini](#) – Director, Office of Nutrition and Health Promotion Programs
- [Donna Bethge](#) – Project Officer
- [Judy Simon](#) – National Nutritionist
- [Shannon Skowronski](#) – Project Officer
- [Leshia Spencer-Brown](#) – Project Officer

**2. Who are the NCOA National Falls Prevention Resource Center staff and consultants providing technical assistance for the Falls grant program?**

- [Kathleen Cameron](#) – Senior Director, Center for Healthy Aging
- [Binod Suwal](#) – Senior Program Manager
- [Dorothea Vafiadis](#) – Director, Center for Healthy Aging
- [Jennifer Tripken](#) – Associate Director, Technical Assistance Liaison
- [Kathleen \(Katie\) Zuke](#) – Senior Program Manager, Technical Assistance Liaison
- [Laura Bolton Plunkett](#) – Program Specialist, Technical Assistance Liaison
- [Michelle Mai](#) – Program Associate, Technical Assistance Liaison
- [Meghan Thompson](#) – Consultant, Sound Generations
- [Sarath Reddy](#) – Salesforce Developer/Administrator
- [Tia Crayton](#) – Data Management and Evaluation Specialist

**3. When I need technical assistance, who do I contact?**

When you need technical assistance, you should email requests to your assigned ACL and NCOA staff members. Both of these individuals serve as the core team members for your technical assistance needs. Periodically, leadership staff and/or consultants may assist ACL and NCOA staff with meeting your technical assistance needs.

**4. What is the difference between my assigned Project Officer and my Grants Management Specialist?**

Your Project Officer works in ACL's program office and your Grants Management Specialist works in ACL's grants office. You should contact your assigned ACL Project Officer for any programmatic issues and contact your assigned Grants Management Specialist for all budgetary and administrative issues regarding your grant. When contacting your assigned Grants Management Specialist, please copy your Project Officer on the email.

**5. Who is my ACL Grants Management Specialist for the Falls grant program?**

The Grants Management Specialist for Falls grants is either Sean Lewis ([sean.lewis@acl.hhs.gov](mailto:sean.lewis@acl.hhs.gov)) or Sherlonda Blue ([sherlonda.blue@acl.hhs.gov](mailto:sherlonda.blue@acl.hhs.gov)). Please copy your Project Officer on all correspondence with the grants office. Your assigned Grants Management Specialist will also be listed on your Notice of Grant Award.

**6. Will I participate in regularly scheduled technical assistance conference calls with ACL and Resource Center staff?**

Yes. Conference calls are part of the Federal grant monitoring process. They allow grantees to provide program updates and ACL and Resource Center staff to provide technical assistance and help ensure success of the grantees in meeting their goals. Technical assistance calls will take place on monthly, bi-monthly or quarterly basis, depending on the performance of the grantee and year of the grant. Project Directors must attend the scheduled technical assistance conference calls.

**7. How many individuals per grantee organization should attend NCOA's annual conference?**

As noted in the Funding Opportunity Announcement, at least two individuals per grantee organization should attend the annual meeting, including the Project Director. Additional grantee staff may attend if this was included in the grantee's approved budget. Representatives of key partner organizations may also attend if they have the funding to support the registration fee and any associated costs.

**8. Where can I learn about the National Falls Prevention Resource Center's tools and resources?**

NCOA's [Center for Healthy Aging](#) website contains a wealth of tools and resources to assist aging services providers in planning, implementing, marketing, evaluating, and sustaining

evidence- based health promotion programs. Resource types include: fact sheets, issue briefs, learning modules, toolkits, tip sheets, webinars, and videos.

Main Sections	<i>Scroll to the bottom of the page for more!</i>	Description
<a href="#">Evidence-Based Programs</a>		Find best practices for implementing evidence-based programs.
	<a href="#">Key Components</a>	Information for those new to implementing programs as well as tip sheets on a variety of topics.
	<a href="#">Evidence-Based Program Review</a>	Instructions for submitting a program for the evidence-based program review process.
	<a href="#">Best Practices Clearinghouse</a>	Tips, templates, and examples of how community-based organizations have successfully implemented programs in 6 key categories.
<a href="#">National Falls Prevention Resource Center</a>		Dive deeper into information focused on falls prevention programs, awareness, and grant implementation.
	<a href="#">Grantee Information for Falls Prevention</a>	Find information about and for ACL Prevention and Public Health Fund grantees, including reporting schedules, orientation webinars, and contact information.
	<a href="#">National Falls Prevention Database</a>	All of the resources you need to use the database and manage your data.
	<a href="#">Falls Free Initiative</a>	Visit for information about state falls prevention coalitions and more.
	<a href="#">Key Resources</a>	Select resources focused on falls prevention.
	<a href="#">Falls Prevention Awareness Week</a>	Tips and materials for celebrating Falls Prevention Awareness Week each year.
<a href="#">National CDSME Resource Center</a>		Dive deeper into information focused on the impact of chronic conditions on older adults and implementation of evidence-based health promotion programs across the nation.
	<a href="#">Key Resources</a>	Find information about and for ACL Prevention and Public Health Fund grantees, including reporting schedules, orientation webinars, and contact information.
	<a href="#">National CDSME Database</a>	All of the resources you need to use the database and manage your data.
<a href="#">Community-Integrated Health Care</a>		Find resources for sustaining programming long-term by creating stronger linkages with health care entities, creating networks for efficient deliver, and pursuing various forms of reimbursement.

Stay connected with NCOA and other grantees:

- [Contact us](#) to join the Falls listserv, an online community for professionals implementing Falls programs to share resources, questions, and announcements.
- Sign up for the [Center for Healthy Aging e-Newsletter](#), a monthly e-mail with the latest information from the National CDSME and Falls Prevention Resource Centers, policy developments, evidence-based programming, and other healthy aging topics.

## B. PROGRAM ISSUES

### 1. What are the purpose and goals of this funding opportunity?

Each Funding Opportunity Announcement (FOA) describes specific goals designed to develop capacity for, bring to scale, and sustain evidence-based Falls Prevention programs to reduce falls and falls risk among older adults and adults with disabilities.

### 2. Can we implement programs remotely while in-person programs are not possible during the COVID-19 pandemic?

Evidence-based program developers are providing ongoing updates on virtual implementation. View up to date [guidance and resources](#).

Remote implementation will be feasible for some programs and not for others. As you look for creative ways to continue delivery of programming, consult with program developers directly to ensure alternative delivery mechanisms (like virtual classes) are congruent with program fidelity.

Contact your Project Officer to discuss any changes to program delivery.

### 3. What is a business plan?

A business plan is a management tool to guide the process of planning for financial sustainability and assist in seeking support from other organizations. Business plans can be used to articulate program goals and objectives, substantiate organizational capacity, explain program operations, and to provide documentation of potential benefits and return on investment. Explore [examples of business plans](#) from other organizations.

### 4. What is a sustainability plan?

A sustainability plan focuses on the management and acquisition of fiscal and in-kind resources to expand and maintain programming. Review [examples of sustainability plans](#).

### 5. What is a quality assurance (QA) plan?

For the purpose of this grant program, quality assurance is an ongoing system for describing, measuring, and evaluating program delivery and grant activities to ensure that participants receive effective, quality services and grant goals and work plan objectives are met. The ideal QA program addresses both: 1) continuous quality improvement and 2) program fidelity. [Learn more](#) about developing a QA program.

### 6. What is ACL's expectation about partnerships, collaborations, and/or contracts with an integrated care entity to provide sustainable funding for falls prevention programs?

The Funding Opportunity Announcement required that applicants either have plans to pursue or already have proposed plans for partnerships, collaborations, and/or contracts with health care or insurance entities or other innovative arrangements to receive sustainable funding for evidence-based falls prevention programs. Therefore, we expect that you will make it a priority to

implement your proposed plans (e.g., from receiving support from a state Medicaid program, accountable care organization, patient-centered medical home, large employer group, health insurance company, etc.). We will be closely monitoring your progress with your proposed/existing sustainability partners.

## **7. What is a Session Zero?**

Session Zero is an optional information session offered in some programs and by some agencies prior to the first official program session/class. These pre-program sessions can help with increasing program retention rates by providing an overview of the program and explaining expectations for participation. Administrative paperwork is often collected at this time.

- [Best Practices: Marketing & Recruitment](#)
- [Tip Sheet: Increasing Completion of Chronic Disease Self-Management Education Workshops](#)
- [Webinar: Successful Completion of CDSMP Workshops: Can Session Zero Make a Difference?](#)

## **8. What is a sustainability partner?**

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

## **9. How do you define “embed”?**

Embedding is the process of facilitating an organization’s adoption of evidence-based programs as part of the organization’s routine operations and budget resulting in sustained delivery.

## **10. Who do I contact if I have a question regarding program licensing?**

Please contact the program administrator/developer with licensing questions.

## **11. What are the program requirements associated with Tai Chi (including Tai Chi for Arthritis, Tai Ji Quan: Moving for Better Balance, and YMCA Moving for Better Balance)?**

Please refer to the Tai Chi guidance documents which can be found at the following links: [Tai Chi Quan: Moving for Better Balance](#), [Tai Chi for Arthritis](#), [YMCA Moving for Better Balance](#)

# **C. PARTICIPANTS**

## **1. Who meets the definition of an “older adult?”**

Consistent with the Older Americans Act, ACL is defining an older adult as an individual aged 60 and

older.

**2. Who meets the definition of an “adult with a disability?”**

Consistent with the definition of disability in the Older Americans Act, ACL defines an adult with a disability as one who has a developmental, physical, and/or mental impairment that results in substantial functional limitation in one or more major life activities, including self-care, communication, learning, mobility, capacity for independent living, self-direction, economic self-sufficiency, cognitive functioning, or emotional adjustment.

**3. In accordance with the Americans with Disabilities Act (ADA), do I need to provide a reasonable accommodation such as interpreter services to ensure that a person with a disability can participate in an evidence-based program?**

Yes, you should make every effort to accommodate a person with a disability in your evidence-based program, unless the request imposes an undue hardship. Undue hardship is defined as an action requiring significant difficulty or expense when considered in light of factors such as an organization’s size, financial resources, and the nature and structure of its operation.

For information, training, and technical assistance regarding rights and responsibilities under the ADA, contact your regional ADA Center (<https://adata.org/find-your-region>).

**4. Can adults under the age of 60 without a disability count toward our participant and completer targets?**

Yes, though outreach efforts should prioritize older adults and adults with a disability.

**5. What is a “participant?”**

A participant is an individual who attends at least one session of an evidence-based program.

**6. What is ACL’s definition of a “completer?”**

For the purposes of this grant program, ACL is typically defining a completer as an individual who attended at least 60% of the possible sessions in a program, excluding any Session Zero classes. For example, the definition of a completer for Tai Chi for Arthritis is 16 hours of in-class Tai Chi.

**7. Can participants who attended workshops that started before the beginning of the grant period be counted towards ACL falls prevention grantee participation targets?**

Yes, participants who attended workshops that began before the start of the grant period can be counted as long as the workshop ended after the grant started. For example, participants who attend an eight week A Matter of Balance program that started on April 1 can be counted for a grant program with a start date of May 1.

**8. Will we be able to count individuals who complete multiple programs as multiple participants?**

Yes, you will be allowed to count individuals who complete more than one program as a participant in each of those programs. The count is based on participation and not unique individuals.

**9. Will we be able to count the participants of programs offered by agencies that we are not directly funding?**

Yes, you will be allowed to count these program participants as long as they are new participants (since the effective date of your grant), and the agencies are operating as part of your state or tribal integrated prevention program network. At a minimum, that means that you have an agreement with the agencies offering the programs that they will collect the complete OMB-approved data set from their programs and share it with you.

**10. Can we give fiscal or other types of incentives, such as small amounts of money or gifts, to recruit program participants and/or to help with program retention?**

In limited circumstances to meet programmatic goals, you may use some non-cash incentives. Cash incentives are not allowable. Gift cards in very small denominations (\$1-\$10) signed for and properly accounted for can be an option. However, ACL does not recommend this approach for sustainability reasons. You should have a compelling need and evidence as to why it is necessary to use incentives and be clear about how this practice can be maintained after the grant period. You should weigh your programmatic resources and fiscal costs against your ability to meet the targeted number of program participants/completers. From a fiduciary perspective, every cost in the grant must meet the Federal Cost Principles), which include being reasonable, allowable, and allocable. Additionally, from a programmatic perspective, grant expenditures should be developed within the context of sustainability.

**11. Can a grantee use these funds to pay for transportation costs associated with getting participants to and from a falls prevention program?**

In limited circumstances to meet programmatic goals, you may do so. However, ACL does not recommend this approach for sustainability reasons. A better approach would be to explore leveraging existing transportation resources from various public and private sources to provide for any needed transportation.

**12. Can sites offering the programs charge participants a fee for participation?**

Yes, charging participants a reasonable fee is an acceptable part of a sustainability plan to offset costs. We consider any fees received to be program income and grantees must use those funds as they are earned toward grant related activities. ACL expects grantees to expend program income funds before drawing down additional Federal dollars. If there is program income remaining after the grant expires, you must contact your Project Officer for disposition instructions, which usually means you must return the remaining balance.

## D. LEADERS

### 1. Can grant funds be used to pay for the direct provision of the falls prevention program, e.g., to pay the salaries of the program leaders/coaches, or may we provide a small stipend to leaders or master trainers?

It is allowable to pay direct service costs including salary, honorariums, and expenses as part of start-up costs. However, the intent of this grant program is to embed the program into the ongoing operations of the delivery system partners. Part of the sustainability planning efforts should be to develop strategies that will cover personnel costs.

### 2. Do Department of Labor rules allow volunteers to be paid stipends or other fees for their services?

Unless authorized like the Foster Grandparent Program, VISTA, AmeriCorps, or Senior Companions—organizations may not “pay” their volunteers a stipend or give them money for services rendered. Organizations may reimburse volunteers for out of pocket expenses such as mileage, meals (if serving during meal time), parking, and other out of pocket expenses considered reimbursable costs by the local agency policy. Agency policies should contain provisions for volunteer cost reimbursement. If there is a standard service schedule that includes set reimbursable costs such as parking, mileage, and lunch, then these could be reimbursed every two weeks or monthly, as long as the volunteer hours log shows that they served on the days being reimbursed. This is the basic or standard policy to follow: Volunteers may never replace staff or receive pay for services rendered and any appearance of this is to be avoided.

The following references may be helpful in understanding this issue:

- [“Employee or Volunteer: What’s the Difference?”](#)
- [Information on Department of Labor’s website on volunteers](#)

In summary, if volunteers are paid beyond what is allowable reimbursement for a volunteer, then they would be considered an employee, and all Department of Labor rules would be applicable. It is important to note that if any of the organizations have questions, they should consult their employment office and/or legal counsel.

## E. PERFORMANCE MONITORING AND REPORTING

### 1. What are the reporting requirements for this grant?

ACL requires the submission of financial reports and a semi-annual program progress report. A final report is due after the completion of the project period (See CFR 200.329). Please refer to your Notice of Grant Award for additional information on reporting requirements.

View a list of [report deadlines](#) by grant period.



## 2. What is the Grantee Semi-Annual Program Progress Report?

- View report deadlines and the “Semi-Annual Performance Report Directions and Sample Template” [here](#).
- The semi-annual progress report enables ACL to monitor grantee performance, identify program implementation issues and technical assistance needs, and identify successes and best practices. Part of the grantee progress report is a required appendix that provides quantitative information, such as the number of participants and completers. The quantitative section of the report will be pre-populated with the data entered into the National Falls Database for the respective reporting period. Upload your completed report to [GrantSolutions](#).
- E-mail a copy of the report to: (1) your assigned ACL Project Officer and (2) [Binod Suwal](#) at NCOA.

## 3. What is the Final Report?

Final Reports are due after the completion of the project period. (See CFR 200.329) and must follow a standardized [ACL template](#). Please refer to your Notice of Grant Award for additional information on reporting requirements. A Property Disposition statement must also be uploaded.

## 4. What is the Financial Status Report?

All grantees are required to submit [Financial Status Reports \(SF-425\)](#) as denoted in the Notice of Award.

## 5. Where can we get more information on using GrantSolutions?

For additional resources about using Grantsolutions go to:  
<https://www.acl.gov/grants/managing-grant>

## F. DATA ENTRY, MANAGEMENT, AND ANALYSIS

### 1. Does this grant require data collection?

Yes, this cooperative agreement requires the use of data collection tools that have been approved by the federal Office of Management and Budget. The tools are used to obtain data about your programs and participants, as described below. Forms are updated every three years. Check the [National Falls Database](#) page to download the data collection tools.

### 2. How do we access the National Falls Prevention Database web-based reporting system?

Grantees should request access to the National Falls Prevention Database by emailing Meghan Thompson ([meghant@soundgenerations.org](mailto:meghant@soundgenerations.org)).

### 3. What are the user fees for the National Falls Prevention Database?

Three users per grantee will have access to the National Falls Prevention database at no cost. The fee for each additional user is \$200. A “user” is defined as an individual who has access to the system. As this is a web-based system, users can log-in from any computer with internet access. We encourage centralized data entry, if possible, for your project. Grantees will have the ability to generate reports and share them with partners so they know how they are doing in terms of participation and completion rates, outcomes, etc.

If you wish to continue to use the National Falls Prevention Database after your grant ends, the fee will be \$200 per year per user.

#### 4. **What data do we need to collect and report on our programs and participants?**

This cooperative agreement requires the use of Office of Management and Budget (OMB) approved data collection tools. Check the [National Falls Prevention Database](#) page to download the data collection tools.

The types of tools and purposes of each are described below.

- i. A **Host Organization Information Form** will be completed by a staff person at each new organization sponsoring classes. ACL will use this data on program locations to map the delivery infrastructure, identify types of agencies involved in program delivery, and monitor changes in delivery capacity.
- ii. Data Collection Tools are used to collect information at each workshop/class:
  - o Leaders/instructors/coaches must complete a **Program Information Cover Sheet** and an **Attendance Log**. This information documents the location of the program, type of program, and the number of participants who completed the program.
  - o Participants will complete a **Participant Information Form** and a **Post Program Survey** on a voluntary basis. The Participant Information Form documents demographic and health characteristics, including age, gender, race/ethnicity, types of chronic condition(s), disability status, and education level. It also assesses a baseline for some key outcome variables, which will be re-assessed in the Post Program Survey, including falls self- efficacy, falls and injury rates, fear of falling, and interference with social activities.

Within 30 days after the end of each program, local data entry staff/survey coordinators should enter the information on the following forms into the National Falls Prevention Database: Program Information Cover Sheet, Participant Information Forms, Post Program Surveys, and Attendance Log.

#### 5. **Are the data collection forms available in Spanish and other languages?**

Yes, the data collection tools have been translated into Spanish and several other languages.

#### 6. **What is the best way to collect complete data if participation is voluntary?**

As a requirement of your grant, you are required to make every attempt at gathering complete

Participation Information Forms from participants even if their participation is voluntary. Gathering complete data helps ACL and NCOA produce more reliable and accurate reports describing the reach and value of Falls Prevention programs. See the tip sheet [Maximizing Complete and Accurate Data](#).

**7. If we implement programs remotely, how can we track this information in the National Falls Prevention Databases?**

See [Resource Guide: Remote Delivery of Evidence-based Programs](#).

**8. Can we collect additional data?**

Yes, if you would like to capture additional data you may do so. You can add those questions to the standard form packet that captures the required data. You will need to check with the National Falls Prevention Database contractor ([submit a request](#)) to see if these additional data elements can be entered into the online data system or if you will have to use your own database.

For tips for modifying OMB-approved data collection tools, please review the [“Do’s and Don’ts for Modifying Data Collection Tools.”](#) It’s important to consider the potential burden on respondents and propose additional items that truly provide value, have IRB approval, or are required by other funders.

**9. I have information on the total number of participants who enrolled in a falls prevention program, but not the specific sessions that each participant attended. Should I still enter this information into the online reporting system?**

Yes, you may do so. However, to be considered an evidence-based program, for instance, the Tai Ji Quan program must be offered at least twice a week for 48 hours or more. It is important to understand the intervention dose of any of the falls programs. Monitoring completion/retention rates is also an important quality assurance and program monitoring tool. Therefore, ACL strongly encourages you to work diligently with your partners to obtain this attendance data.

**10. Some staff on my state/tribe’s team have not been trained on how to use the web-based National Falls Prevention Database. How can they get trained?**

All data entry staff should review the information here: [Getting Started in the Falls Prevention Database](#)

**11. Can we manage grant data in a third-party database? How do we migrate data managed by a third-party vendor to the National Falls Prevention Database?**

Yes, grantees may contract with a third-party database to enter or manage program data. Please review the [Guide to Importing Data into the National Falls Prevention Database](#) very carefully. The data files must be compatible and formatted following NCOA’s guidelines to minimize errors when uploading the data. Use the **migration template** at the link above to export the data from the third party database. Ultimately, ensuring timely and accurate data uploads is the

responsibility of the grantee.

**12. If a participant leaves a question blank, can I leave that question blank in the online system?**

Yes.

**13. How do I delete a record that I entered accidentally or merge duplicate records?**

[Submit help request](#) and NCOA staff will assist you in deleting the record.

**14. If I have other questions about the National Falls Prevention Database, how can I get more help?**

[Submit help request](#).

## **G. DATA MANAGEMENT TRAINING**

**1. There are staff on my team that have not been trained on how to use the National Falls Database. How can they get trained?**

All data entry staff should review the information here: [Getting Started in the Falls Prevention Database](#).

**2. What options do we have for providing privacy and security training to our personnel?**

[Review Privacy and Data Security Practices](#) for more detailed guidance on providing training to your staff and an overview of best practices for handling and sharing your program data.

You do not need to provide any additional training for personnel who have already undergone privacy and security training through their agency. NCOA has developed a basic PowerPoint (at the link above) for distribution to those who need training. We recommend that when you orient your personnel to the data collection forms that you also incorporate the slides from this PowerPoint. It is each grantee's responsibility to monitor that their personnel have completed some type of training and have signed a Non-Disclosure Agreement (at the link above).

**3. How do I request help regarding data collection, data entry, or technical issues related to the database?**

Contact your ACL Project Officer or NCOA technical assistance liaison with broad questions about data collection and reporting requirements.

Questions of a more technical nature can be directed to the database management staff. [Submit a request](#) with these instructions.

**4. We have organizations that are entering data on behalf of multiple implementation sites in their region. Is it the responsibility of the data entry site to have the Non-Disclosure Agreements in place before the data is entered?**

We recommend that any data collection and entry personnel sign a [Non-Disclosure Agreement](#) prior to their handling of the data. Ultimately, obtaining and storing these Agreements is the responsibility of the grantee.

**5. Should the Non-Disclosure Agreements be stored at the grantee or partner level?**

This is a grantee responsibility, but it may be delegated to a sub-grantee. While it is permissible to maintain the forms locally, remember that this is ultimately a grantee responsibility should the forms need to be retrieved.

**6. Which forms need to be stored and what should be destroyed?**

The Non-Disclosure Agreements for data collection and data entry personnel must be kept by the grantee or their data collection designee for three years in locked, secure storage.

The other forms must be stored in a secure location until the data is entered into a secure database, such as the National Falls Prevention Database, and then should be destroyed.

For additional information on privacy and security practices related to the data collection and reporting of evidence-based program activity, see the recommended guidance here: [Privacy and Data Security Practices](#).

**7. Can we keep the workshop forms until we have an opportunity to perform our quality assurance process, even after they are entered into the database?**

You may keep the forms as long as they are in a secure, locked place or are scanned and securely stored to protect confidentiality. ACL recommends destroying them as soon as the quality assurance process is complete, or entered into the database, which should be as soon as possible.

**8. Can the National Falls prevention Resource Center provide any analyses or special reports for grantees?**

Requests are evaluated on a case-by-case basis. You can submit custom requests by [submitting a help request](#).

## **G. GRANT ADMINISTRATIVE/MANAGEMENT ISSUES**

**1. When can FY2021 grantees begin drawing down grant funds?**

Grantees can begin drawing down funds as of the official grant start date as noted in the Notice of Grant Award. Although ACL encourages grantees to be ready to hit the ground running when the project period officially begins, there is no allowance for pre-award costs for this program.

**2. How many years is this cooperative agreement funded?**

Each grant cohort is funded for three years. These are fully funded grants, meaning that they are fully funded upfront for their respective three-year project and budget period.

**3. What is the difference between a grant and a “cooperative agreement”?**

Federal grants are financial assistance issued by the U.S. Government. A cooperative agreement is a variation of a grant, which is awarded when a grant provider anticipates having substantial involvement with the grantee during the performance of a funded project. These falls prevention grants are cooperative agreements because they are significant and multifaceted endeavors in which ACL will have substantial involvement with the recipients during performance of funded activities. Therefore, throughout the project period of the grant award, ACL will furnish technical assistance, oversight and support to each grantee to help ensure program success. The cooperative agreement structure will allow ACL to provide a higher level of technical assistance, oversight and support than a grant relationship offers. For more information, see the [HHS Grants Policy Statement](#).

**4. Do we need to include a standardized acknowledgement anywhere that our products are being supported by ACL funding?**

Yes. All ACL discretionary grantees MUST include this disclaimer on the first page or preface of all documents and web pages produced, all or in part, with ACL funding:

*This project was supported, in part by grant number 90XX####, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects with government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official ACL policy.*

**5. Can grantee lead agencies subcontract services to an external organization?**

Yes, certain services can be contracted out. Examples of such services are training of lay leaders and quality assurance functions. However, the lead agency has programmatic and fiduciary responsibility for the grant, including meeting program milestones, goals, guidelines, and all reporting requirements. Grantees may distribute funding for delivering the falls prevention programs to local lead agencies, which may subcontract services, including program delivery.

**6. What’s the difference between sub-recipients and vendors?**

Sub-recipients are defined in Office of Management and Budget guidance as those entities that receive funding from the prime recipient to support the performance of any portion of the substantive project or program for which the prime recipient received funding. The terms and conditions of the federal award are carried forward to the sub-recipient. Vendors are defined as entities that operate in a competitive environment and provide similar goods and services to

many different purchasers, and these goods and services are ancillary to the operation of the federal program.

**7. What are the regulations for drawing down funds?**

A grantee may draw down funds on an as needed basis from the Payment Management System (PMS) generally for expenses that are going to be incurred three calendar days in advance. For example, if payroll is due on a Monday, recipients can draw down funds from PMS on the proceeding Thursday to meet that expense. If cash remains on hand for longer than three days, you must provide an explanation on a federal cash transactions report at the end of the reporting cycle.

**8. In extraordinary circumstances, can a grantee use a memorandum of understanding with a private, non-profit organization in place of a contract when that non-profit will be receiving grant funding and managing contracts with local lead organizations?**

We cannot advise on this situation. The prime recipient must follow their established procurement policies and procedures which must be compliant with the basic Federal requirements established in the applicable Code of Federal Regulations associated with their award terms and conditions. If a grantee deviates from the normal procurement process, then the relationship could be questioned in an audit review.

**9. How much of my budget can I revise without seeking prior ACL approval?**

Up to 25% of the federal award can be moved between budget categories as long as the funds are spent on allowable costs that work toward the grant goals. Although prior ACL approval is not required, it is recommended that you notify your Project Officer if you plan to make any changes to your budget.

**10. Can our grant funds be used to pay for meals during our trainings? Can we use our grant funds to support snacks for program participants or during an event we are holding for our partners/leaders/coaches?**

Federal grant funds may not be used for meals, snacks, or refreshments. This applies to all events, including those for participants, staff, partners, or program leaders.

Grantees can use non-federal funds, such as local support or foundation grants, for refreshments during workshops that are funded by federal funds.

**11. When a grantee purchases equipment to carry out a grant, what are the rules regarding who owns that equipment at the end of the grant period?**

HHS regulations provide guidance on equipment purchased under a grant. These rules can be found [here](#). The general rule is that grantees can use, manage, and dispose of equipment acquired under a grant in accordance with relevant State laws and procedures. For grantees

other than state agencies, the regulations provide guidance and should be reviewed to ensure compliance.

**12. Can a grantee request an extension of their grant period?**

ACL will consider requests for no-cost extensions on a case by case basis. Your request must provide sufficient justification for why you were unable to complete your programmatic activities according to your work plan within the project period. All requests for no-cost extensions must be submitted as an amendment request in [GrantSolutions](#).

Additional information about applying for a no-cost extension can be found [here](#).

**13. Can a grantee change the authorizing agency?**

Yes, you can change the authorizing agency of your grant as long as the new agency meets the eligibility requirements outlined in the Funding Opportunity Announcement. You must submit changes in the authorizing agency through Grant Solutions as an amendment request. The Falls Grants Specialist will take the lead in processing this request. You will need to provide a relinquishment letter, along with an accounting of funds and activities from the initial agency and an application from the agency taking over the grant related activities. The initial award was made to one entity and by changing entities ACL must execute a transfer in the database system based on the appropriate documentation.

**14. How long do we need to keep records for this grant?**

Per the Federal Electronic Code of Regulations ([§75.361 Retention requirements for records](#)), records pertinent to a Federal award must be retained for a period of **three years** from the date of submission of the final expenditure report or, for Federal awards that are renewed quarterly or annually, from the date of the submission of the quarterly or annual financial report, respectively, as reported to the HHS awarding agency or pass-through entity in the case of a subrecipient.

For the purposes of the required OMB approved data collection, ACL does not dictate the format these records be retained in, i.e., paper hard copy, electronic, etc. Grantees should exercise caution and have policies and procedures in place to ensure the safety and security of this data, as well as it's accessibility to anyone who may request it, i.e., auditors, ACL, etc. Grantees should also ensure they are following any applicable state and local laws and regulations.