REQUEST FOR PROPOSALS (RFP)

Community Care Hub Demonstration to Scale Evidence-Based Falls Prevention Interventions Through Clinical-Community Partnerships

Grant Invitation and Application Instructions

Key Deadlines & Summary Information	Information / Dates
RFP Release	November 2, 2026
Funder	National Council on Aging (NCOA) under an Administration for Community Living (ACL) cooperative agreement
Anticipated awards	Five community care hub (CCH) subawards in different geographic regions; maximum $717,000 per award over 30 months
Project period	The 30-month subaward period is anticipated to run from February 1, 2027 to July 31, 2029, and will be divided into three budget periods of 6-months, 12-months, and 12-months (subject to change)
Application portal	Zengine (**application portal link**)
Informational webinar	• **Watch the recording** (link) • **Access the meeting slides** (link)
Office hours	Monday, November 23, 2026 at 4:00 p.m. EST (link to register)
Intent to apply	Complete this form to indicate your interest in applying to this funding opportunity by: November 20, 2026 (**intent to apply link**)
Questions	healthyaging@ncoa.org
FAQ posted/updated	Weekly (**found on ncoa.org RFP landing page**)
Application deadline	**December 10, 2026, 11:59 PM ET**
Anticipated award notification	January 28, 2027
Anticipated project start	February 1, 2027

I. Background and Purpose

This funding opportunity is supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) under a cooperative agreement with the National Council on Aging (NCOA), in partnership with the Wisconsin Institute for Healthy Aging (WIHA) and USAging and with support from the Association of Assistive Technology Act Programs (ATAP). It will fund five (5) regional community care hubs (CCHs) to strengthen clinical-community partnerships and rapidly expand older adults' access to a falls prevention referral pathway that pairs the Centers for Disease Control and Prevention's STEADI (Stopping Elderly Accidents, Deaths & Injuries) tool with the evidence-based Stepping On falls prevention program.

This demonstration will build the capacity of CCH/health care partnerships in five (5) U.S. regions to scale STEADI and Stepping On. The goal is to reach a large population of older adults at risk for falls by increasing falls risk screening, referrals, and participation in effective clinical-community interventions.

Selected CCHs will work with NCOA, project partners, ACL, and an external evaluator in a learning-oriented demonstration. Rapid-cycle evaluation and technical assistance will guide implementation improvements and inform future scaling of falls risk screening and evidence-based interventions.

Project Leadership and Partner Roles

NCOA will lead the initiative, administer and monitor subawards, provide technical assistance, coordinate data collection for rapid-cycle evaluation, and help participating CCHs and their partners strengthen implementation and scaling.

WIHA, the national program administrator for Stepping On, will provide expertise in implementation, licensing, and fidelity.

USAging will contribute expertise in CCH development and clinical-community partnerships.

ATAP will support connections to state Assistive Technology Act programs and integration of assistive technology resources.

II. Funding Opportunity

NCOA anticipates making five (5) competitive subawards to qualified CCHs in different geographic regions with strong potential to expand STEADI and Stepping On. Each award will support a 30-month project period, with up to $717,000 available per CCH.

For budgeting purposes, the project has three budget periods (subject to change): Months 1–6, Months 7-18, and Months 19–30.

Final award amounts may vary based on the proposed scope, geographic opportunity for regional expansion, feasibility, allowability of proposed costs, approved budget, and NCOA's pre-award review.

Item	Requirement / Anticipated Term
Estimated number of awards	Five (5)
Award size	Maximum $717,000 per award over a 30-month project period, subject to the budget-period maximums specified below.
Project period	The 30-month subaward period is anticipated to run from February 1, 2027 to July 31, 2029, and will be divided into three budget periods of 6-months, 12-months, and 12-months (subject to change).
Cost sharing	No cost sharing is required.
Funding source	Federal funds from ACL/HHS.
Condition of funding	Funding is contingent on federal funding, satisfactory performance, compliance, and final execution of a subaward agreement.

III. Project Goal, Target Population, and Required Intervention

Project Goal

Increase the adoption and integration of STEADI falls risk screening and Stepping On within regional CCH and health care partnerships to strengthen the pathway from falls risk screening and identification to effective referral and participation in evidence-based falls prevention programs, while building a sustainable clinical-community falls prevention infrastructure. Increase the adoption and integration of STEADI falls risk screening and Stepping On across regional CCH and health care partnerships to strengthen the pathway from falls risk identification to referral and participation in evidence-based falls prevention programs. This work will support the development of a sustainable clinical-community infrastructure for falls prevention.

Target Population

The project's intervention target population is community dwelling older adults at risk for falls. For this project, an older adult is an individual aged 60 or older. For Tribes and Tribal organizations, the age of older Indians is defined by the Tribe and may vary. An older adult may be considered at risk for falls when the individual:

- Is identified as at risk through the STEADI algorithm (see multifactorial risks here);

- Had a documented fall-related health care encounter in any clinical setting during the prior 12 months (e.g., outpatient, inpatient, emergency department, urgent care, post-acute care, specialty, home health, or other health care setting); or
- Self-identifies concerns related to falling, balance, or gait instability.

Required Intervention

- Build or expand a clinical-community pathway(s) in which health care partners screen and assess falls risk using STEADI and refer at-risk individuals to the CCH/network for appropriate follow-up and, as applicable, participation in Stepping On.
- Scale the evidence-based program, Stepping On, through a network of implementation sites.
- Within the first six months of the 30-month subaward project period, commence active STEADI implementation and referrals to Stepping On.

IV. Eligibility

Applicants must meet all minimum eligibility requirements below. NCOA may screen applications for these requirements before merit review.

The applicant must:

1. Function as a community care hub (CCH) and demonstrate the capability to serve a large geographic area in partnership with health care entities and program implementation partners. Your organization must be recognized as a CCH on this website: https://coe.aginganddisabilitybusinessinstitute.org/national-cch-map/.
2. Be an eligible U.S.-based organization, including an eligible governmental, nonprofit, health care, higher education, Tribal, public housing, or school district entity. Individuals, sole proprietorships, for-profit organizations, and foreign entities are not eligible.
3. Propose implementation within the United States or its territories and identify the geographic region in which it proposes to implement and scale STEADI and Stepping On. The proposed region must demonstrate strong potential for regional expansion.
4. Have a Unique Entity Identifier (UEI) through SAM.gov before receiving an award and meet all applicable federal registration and compliance requirements in accordance with 2 CFR 180.300 and 2 CFR Part 200 and 2 CFR Part 300.
5. Through its CCH network, demonstrate current capacity to deliver community-based, evidence-based falls prevention programs and the capacity to scale Stepping On across a state or region.
6. Demonstrate engagement with aging and disability partners as part of its CCH network, such as Area Agencies on Aging (AAAs), Centers for Independent Living (CILs), Assistive Technology Act programs, and Aging and Disability Resource Centers (ADRCs).

7. Demonstrate existing or committed relationships with health care partners to provide falls risk screenings using the STEADI tool. Health care partners must demonstrate willingness to routinely integrate STEADI into clinical workflows and commitment to refer individuals identified as "at risk" to the CCH for connection to a Stepping On workshop and/or other supports and services.
8. Demonstrate the capacity and commitment to meet all project requirements related to data collection and reporting, rapid-cycle evaluation, participation in the external evaluation, technical assistance, performance monitoring, collection of lessons learned and remain in federal compliance with program activities.

V. Required Project Activities and Grantee Expectations

A. Regional Scaling and Clinical-Community Partnership

- Develop and implement a scale-up[1] plan for STEADI and Stepping On referral pathways.
- Engage health care partners committed to scaling the use of STEADI and referrals to Stepping On at a high volume such as Federally Qualified Health Centers (FQHCs), emergency departments and hospitals, health systems, primary care providers, accountable care organizations (ACOs), and Medicare Annual Wellness Visit providers.
- Work with clinical partners to integrate STEADI into routine workflows, including Electronic Health Record (EHR) workflows where feasible, and establish reliable referral and feedback processes with the CCH and community-based organization (CBO) network. Describe successful connection rate processes where applicable.
- Engage aging and disability network organizations in service delivery, referrals, regional expansion, and sustainability.
- Coordinate with state agencies, a state falls prevention coalition where one exists, and relevant ACL-funded initiatives, including other ACL falls prevention grantees, when appropriate.

B. Stepping On Capacity and Fidelity

- Maintain required Stepping On licensing and implementation fidelity.
- Applicants not currently implementing Stepping On must provide a plan and timeline to obtain a program license, identify and train leaders, and identify implementation/host sites.
- Develop sufficient instructor and delivery capacity to respond to referral volume.
- Expand Stepping On availability into new delivery sites and geographic areas.

[1] Scaling is important across all three following dimensions: significant volume and proportion of the target population; expanded geography beyond baseline operating geography; expanded network, including number of healthcare partners and number of service delivery partners.

C. Data Collection and Reporting

Awardees must collect and report standardized data monthly to support performance monitoring, rapid-cycle evaluation, continuous quality improvement, and the ACL-funded external evaluation, in accordance with 2 CFR 200.329.

NCOA will work with ACL to finalize data elements, definitions, reporting formats, and submission schedules. NCOA will provide data collection guidance, training, and technical assistance.

Monthly data submissions are separate from the semiannual programmatic and financial progress reports described in the Performance Monitoring and Reporting section. Requirements include, but are not limited to, the following:

- Collect and submit standardized implementation and participant-level data monthly through NCOA's HAPID data system.
- Complete semi-annual and final progress and financial reports as outlined in the award agreement.
- Maintain systems and processes to ensure submitted data are complete, accurate, timely, and securely stored and transmitted.
- Work with participating health care and community partners to establish processes for collecting, exchanging, and reporting data needed to monitor the clinical-community referral pathway.
- Participate in NCOA's data quality review and validation processes and address identified data quality issues in a timely manner.
- Collect and report information as required. Data collection may include but is not limited to the following elements. Final data collection tools will be included in the notice of award:
  - Number of STEADI screenings completed
  - Number of individuals identified as “at risk” based on the STEADI screen
  - Number and type of referrals to CCH, including referral to Stepping On and/or other appropriate falls prevention services
  - Number of referrals to CCH that qualified for a Stepping On connection
  - Number of individuals referred to Stepping On and number of individuals enrolled based on a referral to the program
  - Number and proportion of enrolled participants who meet the established criteria for completing Stepping On
  - Number of Stepping on workshops offered; geographic reach
  - Instructor and delivery capacity
  - Expansion into new geographic areas
  - Engagement of new clinical and community partners
  - Participant-level outcomes, such as self-reported program participant data (potentially including incidence of falls and fear of falling).

- Implementation successes, challenges, lessons learned, and technical assistance needs
- Report on or contribute to improving relevant health care partner falls prevention quality measures, such as Health care Effectiveness Data and Information Set (HEDIS [PDF]), Merit-based Incentive Payment System (MIPS [PDF]), or other applicable measures, where appropriate.
- Maintain documentation necessary to support reported data and respond to reasonable requests from NCOA, ACL, and the external evaluator.
- Comply with applicable data privacy, security, data-sharing, and human subjects/IRB requirements established for the project.

Final data elements, definitions, submission procedures, and reporting requirements will be established by NCOA in consultation with ACL and communicated to awardees during onboarding.

D. Rapid-Cycle Evaluation and Continuous Quality Improvement

Awardees will participate in NCOA's rapid-cycle evaluation and continuous quality improvement process. Beginning in Month 4, one subawardee meeting each quarter will focus on rapid-cycle review.

NCOA will combine implementation and outcomes data with qualitative findings from one-on-one meetings to prepare quarterly performance reports. NCOA will review these reports with each CCH to assess performance, identify successes and challenges, develop targeted action plans, and make timely improvements that strengthen implementation and accelerate scaling.

See Appendix D for definitions. Awardee responsibilities include:

- Participate in quarterly rapid-cycle analyses and performance reviews.
- Review implementation and outcome data with NCOA and project partners to identify successes, performance gaps, barriers, and opportunities for improvement.
- Participate in qualitative data collection related to implementation successes, challenges, barriers, and technical assistance needs.
- Use rapid-cycle evaluation findings to strengthen STEADI screenings, referral pathways, Stepping On reach, partner engagement, and regional scaling.
- Participate in technical assistance informed by rapid-cycle evaluation findings and share relevant lessons learned with NCOA and other participating CCHs.

E. Participation in ACL-Funded External Evaluation

Awardees must participate in an external claims-based evaluation. NCOA will serve as a liaison among participating CCHs, ACL, and the external evaluator and will provide guidance and technical assistance to support evaluation processes.

- Participate in onboarding and training related to the external evaluation.
- Follow standardized procedures established for the evaluation for participant tracking, documentation, data collection, data sharing, and reporting.
- Provide required data and documentation, including participant Medicare Beneficiary Identifier, in accordance with established timelines.
- Work with NCOA and the external evaluator to address data quality, participant tracking, or other evaluation issues.
- Participate in applicable human subjects research/IRB processes and comply with established protocols, if required.

The external evaluation may examine outcomes including falls prevalence, falls-related emergency department visits, hospitalizations and readmissions, and return on investment associated with scaling STEADI and Stepping On.

F. Technical Assistance and Continuous Improvement

- Participate in project onboarding and data/evaluation training.
- Participate in one-on-one technical assistance meetings with NCOA, including periodic rapid-cycle performance reviews.
- Participate in group technical assistance, including topical webinars, office hours, peer learning, learning communities, and an annual Stepping On convening, as applicable.
- Use performance and rapid-cycle evaluation findings to develop and carry out improvement actions.
- Coordinate with NCOA, WIHA, USAging, ATAP, the National Falls Prevention Resource Center, ACL, and other project partners as requested.

G. Technology and Assistive Technology

Where possible, feasible, and appropriate, applicants are encouraged to leverage technology and artificial intelligence that strengthens the infrastructure connecting clinical falls-risk information to community-based intervention. Examples may include data exchange and analytics, predictive tools, clinical decision support, virtual delivery, consumer-facing tools, wearables/sensors, or assistive technology. Applicants should emphasize practical infrastructure and integration rather than technology for its own sake. Collaboration with State Assistive Technology Act programs is encouraged when appropriate.

H. Sustainability

Awardees will be expected to build toward long-term sustainability, including health care contracting and payment opportunities, integration into routine clinical and CCH operations, sustainable instructor/program capacity, and continued regional referral pathways after federal subaward funding ends.

VI. NCOA and Project Partner Support

- **NCOA** will provide overall project direction, subaward management, performance monitoring, data/evaluation support, individualized and group technical assistance, and coordination with ACL and the external evaluator. **NCOA** will coordinate with the ACL-funded National Falls Prevention Resource Center to avoid duplication and connect awardees to complementary resources and technical assistance.
- **WIHA** will provide Stepping On implementation, licensing, onboarding, and fidelity expertise.
- **USAging** will support CCH development, clinical-community partnerships, health care engagement, contracting, and referral system strengthening.
- **ATAP** will provide resources and connections to assistive technology programs.

VII. Application Process and Applicant Support

Submission Requirements and Deadlines

Intent to apply: Applicants are encouraged, not required to complete the intent to apply form **linked here** through the Zengine application portal by November 20, 2026.

Application deadline: Submit applications **electronically** through the application portal by **11:59 PM ET on December 10, 2026**.

Submission format: PDF or email submissions will not be considered unless NCOA provides written accommodation.

Informational Webinar and Questions

- Optional informational webinar with live Q&A: November 12, 2026, at 2:00 PM ET (**register here**)
- A recording will be posted on the **funding opportunity webpage**.
- Questions must be submitted to **healthyaging@ncoa.org**
- NCOA will post responses to substantive applicant questions on the funding opportunity webpage, ensuring all prospective applicants have access to the same information.
- The webpage will include resources that may support application completion.

Public Data Requirement

Applicants must substantiate key claims about market opportunity with publicly available data. Applicants are encouraged to use authoritative sources such as Centers for Medicare and Medicaid Services (CMS), Health Resources and Services Administration (HRSA), the U.S. Census Bureau, state data systems, and other relevant public sources. Data sources should be tracked and included in the application as an endnote attachment.

VIII. Application

The application in the web-based application portal consists of the following questions.

A. APPLICANT INFORMATION

Organization name
Address
Website
Primary contact name and title
Primary contact email address and phone number
Authorized organizational representative name and email address
Fiscal contact name and email address
UEI

Indicate which services your CCH currently offers (select all that apply)

- ☐ Evidence-based interventions
- ☐ Care coordination
- ☐ Care transitions
- ☐ Nutrition services
- ☐ Mental health supports
- ☐ Housing services
- ☐ Transportation services
- ☐ Other_____

B. APPLICANT CAPACITY AND REACH — 5 Points

Rate your CCH's current capacity to perform each of the following domains on a scale of 1–5 (rating matrix follows definitions).

1 - No/Minimal Capacity
2 - Emerging Capacity
3 - Moderate Capacity
4 - Strong Capacity
5 - Advanced Capacity

Domain	Summary
1. Leadership and governance	The community care hub's mission, vision, and values incorporate the goal of operating a network to address social needs through partnerships and contracts with health care. The hub's leadership, governance group, committees, and other structures support this goal and include key stakeholders, including members of the network and the community. This domain outlines the ways in which the organization's legal structure enables it to operate a community care network and incorporates the needs and goals of the relevant stakeholders.
2. Strategic Business Development	Community care hubs use strategic and business planning processes to make key decisions regarding business development, partnering, contracting, and meeting social needs. This domain outlines the requisite elements of planning, implementation, and monitoring to achieve the goal of expanding health care partnerships.
3. Network Recruitment, Engagement, and Support	The community care hub is responsible for recruiting community care network members and building the network's capacity to efficiently, effectively, and equitably deliver services to meet the social needs of the community. This domain outlines recruitment, engagement, monitoring, and retention of members, as well as quality improvement, training of CBO staff, leadership support and development, and other capacity-building efforts on behalf of the CBO members.
4. Contract Administration and Compliance	Once community care hubs have contracts, they must fulfill regulatory and contractual requirements set with health care partners and administer payment to the network members. This domain outlines the management of the business fiscal cycle, responsibilities of administering contracts, managing risk, implementing quality improvements, and managing relationships with health care entities.
5. Operations	Community care hubs create standard processes and workflows that enable an efficient, effective, and equitable referral and service delivery system and the reporting and analysis of these activities. This domain outlines the functions necessary to manage the flow of data, individual referrals, and services between the contracting health care entity, hub, and network, as well as continuous quality improvement efforts.
6. Information Technology and Security	Community care hubs maintain a cybersecurity and risk framework which keeps them in regulatory compliance with health care standards and deploy IT tools to facilitate data sharing with health care and CBO partners. This domain outlines the functions necessary to share data between organizations securely and efficiently.

Chart from Partnership to Align Social Care, Functions of a Mature Community Care Hub: https://www.partnership2acc.org/resources/functions-of-a-mature-community-care-hub

Domain	1 No/Minimal Capacity	2 Emerging Capacity	3 Moderate Capacity	4 Strong Capacity	5 Advanced Capacity
Leadership and governance	○	○	○	○	○
Strategic business development	○	○	○	○	○
Network recruitment, engagement, and support	○	○	○	○	○
Contract administration and compliance	○	○	○	○	○
Operations	○	○	○	○	○
Information technology and security	○	○	○	○	○

Indicate the geographic reach of your CCH's current operations and network (select all that apply).

- ☐ Local: Service area covers one city, municipality, or county
- ☐ Regional: Service area within a defined region in one state
- ☐ Statewide: Service area spans across one state
- ☐ Multi-state: Service area spans across two or more states

How many counties does your CCH serve?

☐ _____

What percent of your state does your CCH serve? Service coverage is defined here as offering a minimum of one service in the county. Percent can be found by dividing the number of counties where one or more services is provided by the total number of counties in your state.

☐ _____

How many individuals did you CCH serve in the past 3 years?

☐ **2023**_____
☐ **2024**_____
☐ **2025**_____

CCH overview: Describe how your organization functions as a CCH, including details on its geographic reach, network composition, and core functions. Please use this space to explain and supplement responses to the self-rated categories listed above. (250 words)

CCH current partner overview: Describe your CCH's current relationships with health care screening and referral partners (e.g., FQHCs, health systems, ACOs, primary care providers conducting Medicare annual wellness visits). Also describe how aging and disability organizations (e.g., AAAs, CILs, ADRCs, State or Territorial Units on Aging, Tribal aging programs) and other relevant partners are currently engaged within the CCH network. (500 words)

C. HEALTHCARE PARTNERSHIPS AND CLINICAL-COMMUNITY INTEGRATION — 5 points

Summarize the proposed health care partner network and its readiness to support regional scaling. Describe the overall readiness and capacity of the network to serve a large volume of individuals across a large geographic area. Provide the anticipated reach and growth in partnerships and participant volume over the 30-month project period, key assumptions underlying your projections, and any significant differences in readiness among partners. (400 words)

Complete the health care partner templates provided in Appendices A and B. For each current or proposed key health care screening and referral partner:

a. **Partner information (Appendix A):** Identify each partner and describe its relationship with the CCH, population served, clinical setting(s), current use of STEADI, and anticipated role and commitment. Key health care partners central to the proposed screening and referral strategy must provide a letter of commitment consistent with **Appendix C**.
b. **Volume projections (Appendix B):** Provide cumulative projections at Months 6, 12, 18, 24, and 30 for STEADI screenings, individuals identified at risk for falls, referrals to the CCH, CCH referrals to Stepping On, and completed referrals/Stepping On enrollment.

Describe your CCH's experience with and capacity for health care contracting. Describe broadly the types of contracts you your CCH has operated such as fee for service (FFS), per member per month (PMPM), per participant payments, bundled payments etc. Provide details on contracts for evidence-based programs, specifically evidence-based fall prevention programs. (300 words)

Describe your demonstrated success with a health partner on contracted outcomes and volume, integrated workflows with providers and health care entities, ability to impact and report on health care quality measures, and participation in risk-bearing arrangements. (300 words)

Does your CCH currently operate any health care contracts?

- ☐ Yes
- ☐ No

How many health care contracts has your CCH operated in the past year?

_____

Describe the geographic market opportunity for health care contracting, including the presence and relevance of ACOs, Medicare Advantage plans, D-SNPs, health systems, and other potential purchasers/partners. Cite supporting data. (300 words)

D. CAPACITY TO DELIVER AND SCALE STEPPING ON — 5 points

List all evidence-based fall prevention programs currently offered through your hub network (such as Stepping On, Tai Chi, MOB, Bingocize etc.). (250 words)

Describe your CCH network's current capacity to deliver and scale evidence-based falls prevention programs, including Stepping On. Include information on your current evidence-based fall prevention program(s)' geographic reach, delivery sites, instructors/leaders, annual volume, recent performance where available, and ability to scale Stepping On across a state or region. (500 words)

E. REGIONAL NEED, INFRASTRUCTURE, AND ALIGNMENT — 5 points

Describe the falls prevention landscape in the proposed project region and the need and opportunity to scale STEADI and Stepping On. Address:
a) Unmet needs and service gaps;
b) Current Stepping On availability and geographic coverage;
c) Current use of STEADI by health care partners and existing referral pathways or infrastructure; and
d) Opportunities to expand into new geographic areas, populations, or delivery sites.
(650 words)

Does your state currently host a state falls coalition?

- ☐ Yes
- ☐ No

How does your CCH participate in your state's falls coalition? (skip if your state does not have a coalition) (250 words)

F. DATA, IT, AND EVALUATION CAPACITY — 5 points

Describe your a) existing IT infrastructure and b) capacity to securely collect, manage, exchange, and report the data required for this demonstration to include PII. Address participant and implementation data; clinical-community referral tracking; data security and interoperability; data exchange with health care and CBO partners; data quality processes; and relevant quality measurement experience. Identify significant gaps that would need to be addressed at project start. (400 words)

Describe your capacity and experience participating in program evaluation and using data for continuous quality improvement. Address readiness to participate in NCOA's rapid-cycle evaluation (see definition in Appendix D) and ACL's separately funded external evaluation, including participant tracking, data sharing, documentation, and applicable evaluation experience. (300 words)

G. PROPOSED INTERVENTION — 30 points

Project statement: In 3–5 sentences, describe your project goals, objectives, and outcomes. Include the target population, geographic region, expected number of participants, and key partners. (200 words)

Target population: Describe a) the size and characteristics of the older adult population that you propose to reach, and b) your experience serving this population. Cite public data supporting your response (e.g., U.S. Census, CDC WISQARS, state or local public health data). (400 words)

Project intervention: Describe your proposed strategy to develop and implement a regional scale up plan for developing or strengthening STEADI and Stepping On referral pathways. Describe how the CCH and its health care partners will implement and integrate STEADI into routine clinical practice and establish reliable referral and feedback processes with the CCH and community-based organization network. (800 words)

Geographic expansion: Through the proposed demonstration, do you anticipate expanding your geographic service area? (Select all that apply)

- ☐ No expansion: We will continue serving our current geographic area.
- ☐ Expansion within our current service area: Add new partners and implementation sites.
- ☐ Expansion to additional zip codes/counties.
- ☐ Expansion to offer services statewide
- ☐ Expansion to serve additional states/territories.
- ☐ Other: _____

Expansion details *(Skip logic/appears only for responses b-f)***:** For any proposed expansion, please identify the specific states/territories and counties, county equivalents, service areas, or other geographic areas you anticipate serving. (250 words)

Describe your plan to scale Stepping On to new delivery sites and geographic areas across a state or region. Include: Implementation partner and instructor recruitment and engagement, leader training, fidelity monitoring, rapid launch into new areas. How you will maintain sufficient instructor and delivery capacity to respond to referral volume. If your site does not already operate Stepping On, include details on your plan to obtain the program license, identify and train a network of leaders, and identify implementation/host sites. (600 words)

Describe the specific activities you will initiate within the first 90 days of the subaward and how you will launch project activities rapidly. Include: The major milestones you expect to achieve during the first year. How you will ensure that, within the first 6 months of the award, you start implementation of STEADI screening, referrals, and delivery of Stepping On and begin reporting data. If you are not currently implementing Stepping On, include a plan and timeline to obtain a program license, identify and train leaders, and identify implementation/host sites. (300 words)

Plan for Sustainability: Describe your anticipated plan for long-term sustainability to ensure the STEADI screenings and Stepping On referrals continue beyond the project period, including health care contracting and payment opportunities, integration into routine clinical and CCH operations, sustainable instructor/program capacity, and continued referral pathways after federal subaward funding ends. (400 words)

H. KEY IMPLEMENTATION PARTNERS AND RESOURCES — 25 points

Health care project partners: Describe your health care partners (e.g., FQHCs, health systems, ACOs, primary care providers) and their specific project roles (feel free to use or refer to the information you entered into **Appendix A**: *Health care Screening and Referral Partners* for this question). Address, as applicable:

- Strategies to integrate STEADI screening and assessment within clinical workflows and EHR systems;
- Processes for referring individuals to the CCH and Stepping On;
- Referral tracking, feedback/closure, and data exchange between clinical and community partners;
- Methods for tracking completed referrals resulting in Stepping On enrollment and referral performance improved over time;
- The role of clinical champions who will act as ambassadors for STEADI in their workplace and/or other strategies to support routine STEADI implementation; and
- Significant changes in workflow, technology, staffing, or partner processes needed to achieve the proposed scale.

Identify which elements are already in place and which will need to be developed or strengthened during the project. (600 words)

Aging and disability organization project partners: Describe the aging and disability organizations that will participate in the project (e.g., AAAs, CILs, ADRCs, State or Territorial Units on Aging, and Tribal aging programs). Explain their roles in network service delivery, referrals, regional expansion, and sustainability. (500 words)

Partnerships in the broader regional infrastructure that will support implementation and scale. Describe relationships with ACL-funded falls prevention grantees, (2026 ACL fall prevention grantees) ACL Innovation Lab grantees, falls prevention coalitions or comparable collaboratives and any other key regional partners and how they will support implementation, regional scaling, data/evaluation, and sustainability. (400 words)

External opportunities and resources: Describe any opportunities and resources (e.g., age-friendly and other initiatives, related coalitions/task forces, policy or political will) in your area that you will leverage, or which support this work. (300 words)

Technology and assistive technology: Describe any existing and planned uses of technology or artificial intelligence to predict, identify, and act on falls risk or to connect clinical risk data with community-based interventions. Include any proposed collaboration with your State Assistive Technology Act program. (300 words)

I. PROJECT MANAGEMENT, STAFFING, AND READINESS — 5 points

Key personnel and staffing: Describe the personnel who will lead and implement the project, including their proposed roles, relevant experience, level of effort, and responsibilities.

Explain how the staffing approach will support project management, partner coordination, fiscal and data oversight, performance monitoring, and timely identification and resolution of implementation challenges. (300 words)

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.

Potential Challenges and Barriers: Describe potential challenges and barriers you anticipate encountering, and how you will address them preemptively or as they arise. (300 words)

J. Work Plan — 5 points

Upload a work plan covering the full 30-month project period.

- The work plan must include goals, measurable outcomes, major objectives, key tasks, lead personnel, start and end dates, and major milestones.
- Applicants should organize the work plan across three budget periods (subject to change): Year 1 (Months 1–12), Year 2 (Months 13–24), and Year 3 (Months 25–30).
- Within Year 1, the work plan must clearly identify the activities, deliverables, and milestones to be completed within the first 90 days of the award, including the task lead and anticipated completion date.
- The work plan should demonstrate readiness for rapid launch (programs operating within 6 months), a credible path to regional scaling, and alignment with the proposed approach and budget, while identifying key implementation and performance milestones throughout the project.
- Applicants must use the work plan template provided in **Appendix E**.

K. Budget — 5 points

Use the template in **Appendix F** to submit a detailed budget for the activities described in the application and work plan. The total 30-month budget must not exceed $717,000.

Submit a separate budget for each of the three budget periods (6 months, 12 months, and 12 months), plus a combined budget for the full project period:

Budget Period 1: Months 1–6; February 1, 2027 through July 31, 2027. Maximum: $143,400.

Budget Period 2: Months 7–18; August 1, 2027 through July 31, 2028. Maximum: $286,800.

Budget Period 3: Months 19–30; August 1, 2028 through July 31, 2029. Maximum: $286,800.

Combined budget: Full 30-month project period; February 1, 2027 through July 31, 2029. Maximum: $717,000.

The three budget periods are intended to support fiscal planning and budget presentation and constitute separate subawards and are subject to change contingent on federal project funding. Costs must be reasonable, allocable, allowable, and directly support the proposed intervention during the subaward's budget period or allowable closeout costs, in accordance with 2 CFR 200. Applicants may not budget for or be reimbursed for pre-award or application preparation costs.

Funds may support staff, infrastructure to support clinical-community partnerships, program delivery, data infrastructure for evaluation and quality improvement, assistive technology, and other approved costs necessary to implement and scale the intervention. Applicants must clearly identify any proposed lower-tier subawards or contracts to partners or vendors.

Indirect costs may be charged using a federally negotiated indirect cost rate agreement or, if no approved rate exists, the federal de minimis rate, in accordance with 2 CFR 200.332. Applicants using a negotiated rate must upload a copy of the current agreement.

The subaward resulting from this RFP will be issued on an advance payment basis via the flow-down authority from the prime award from ACL. Disbursements will be governed by federal cash management standards outlined in 45 CFR 75.305 and 2 CFR 200.305.

Funding availability, continuation, payment mechanism and frequency, and any required budget revisions will be governed by the final subaward agreement and applicable federal requirements.

L. Budget Narrative — scored with the budget (5 points combined)

Upload a budget narrative describing the items included in the budget. Provide a separate narrative for each of Budget Periods 1, 2, and 3, using the template and instructions in **Appendix G**.

For each proposed cost, explain how it supports the application's activities, deliverables, and outcomes and show how the amount was calculated. Provide enough detail for reviewers to assess reasonableness, necessity, and alignment with the work plan.

The budget narrative should:

- Describe personnel positions, level of effort, and responsibilities supported by the subaward.
- Explain and justify major non-personnel costs, specifically
    - Travel,
    - Equipment (where allowable),
    - Supplies,
    - Contractual,
    - Construction (where allowable),
    - Other direct Costs (Costs that don't fit elsewhere, such as participant support costs, printing, communications, software licenses, training fees, and evaluation costs), and
    - Indirect Costs.
- Identify and describe proposed contractual costs including their purpose and estimated amount.
- Explain the calculation and application of indirect costs.
- Clearly identify costs associated with major project activities, including implementation and scaling of STEADI and Stepping On, clinical-community partnership and referral infrastructure, data and evaluation activities, technology or assistive technology, and other proposed project activities.
- Be consistent with the Budget, Work Plan, and other components of the application.

M. REQUIRED ATTACHMENTS — 5 points

- **Appendix A:** Health care screening and referral partners
- **Appendix B.** Projected STEADI screening and referral partners
- **Work Plan** organized by Year 1 (Months 1–12), Year 2 (Months 13–24), and Year 3 (Months 25–30). Applicants must use the work plan template provided in **Appendix E**
- **Budget and budget narrative** organized by budget period. Applicants must use the templates provided in **Appendix F** (Budget) **and G** (Budget narrative)
- **Letters of Commitment**: Submit letters of commitment from key partners that will play a significant role in implementing the proposed project. Letters should describe the partner's specific role and commitment and address the elements outlined in **Appendix C**: Partner Letters of Commitment: Requirements and Suggested Content Letters should include:
    - Health care screening and referral partners that are central to the applicant's projected STEADI screening and referral volume, as well as sustainability through contractual arrangements
    - Stepping On implementation sites and/or organizations committed to identifying new sites such as AAAs or ADRCs
- **Resumes/CVs or statements of experience** for key personnel, 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

- **Most recent audited financial statements or other financial documentation** requested by NCOA, including Single Audit documentation when applicable
    - **W-9**
    - **SAM.gov registration**
    - **Organization's Unique Entity Identifier (UEI)** documentation
    - **Proof of eligible/nonprofit status**, as applicable. 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
    - **Current indirect cost rate agreement**, if 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
- **Stepping On licensing** documentation or plan to obtain required licensing
- **Tribal resolution/authorization**, if applicable and required

IX. Screening Criteria

- Application is submitted through the **designated portal** by 11:59 PM ET on December 10, 2026.
- Applicant provides a UEI or commits to having the required UEI/SAM documentation before award.
- Applicant meets organizational eligibility requirements and demonstrates that it functions as a CCH capable of serving a large geography and has demonstrated partnerships with program implementation sites and health care organizations.
- Applicant proposes to build or expand a clinical-community pathway(s) in which health care partners screen and assess falls risk using STEADI and refer at-risk individuals to the CCH/network for appropriate follow-up and, as applicable, participation in Stepping On.
- Applicant proposes to scale the evidence-based program, Stepping On, through a network of implementation sites.
- Applicant demonstrates required aging/disability network engagement and health care collaboration.
- Applicant agrees to required data collection, rapid-cycle evaluation, external evaluation, TA, monitoring, and federal compliance requirements.
- Application is complete and contains all required attachments, including appropriate letters of commitment from key partners necessary to substantiate the proposed implementation and regional scaling approach.

- Budget and project period comply with the limits stated in this RFP.

Applications that do not meet screening requirements may not advance to merit review.

X. Evaluation Criteria

Section	What Reviewers Will Assess	Points
Applicant Capacity and Reach	Demonstrates established operations, active health care and CBO partnerships, effective referral coordination, sustainable funding, secure data systems, community engagement, and measurable outcomes.	5
Health care Partnerships and Clinical-Community Integration	Demonstrates health care contracting experience, diverse payment models, reliable billing processes, documented revenue performance, and a data-supported market strategy for sustainable growth**.** Applicant shows committed, scalable health care network with realistic growth projections, defined partner roles, documented readiness, and measurable screening and referral targets.	5
Capacity to Deliver and Scale Stepping On	Demonstrates established program delivery, broad geographic reach, qualified instructors, documented participation and outcomes, and a realistic plan to scale Stepping On.	5
Regional Need, Infrastructure and Alignment	Identifies regional service gaps, Stepping On coverage, STEADI adoption, existing referral infrastructure, expansion opportunities, and meaningful state falls coalition engagement.	5
Data, IT, and Evaluation Capacity	Demonstrates secure, interoperable data systems, reliable participant tracking, strong data quality, evaluation experience, continuous improvement, and readiness to address identified gaps.	5
Proposed Intervention	Presents a data-driven, achievable regional scale-up plan with defined goals, priority populations, measurable outcomes, implementation milestones, and sustainable STEADI-to-Stepping On referral pathways.	30
Key Implementation Partners and Resources	Demonstrates committed health care, aging and disability organization, and other relevant project partners capable of reaching a large volume of individuals across a large geographic area.	25
Project Management, Staffing and Readiness	Identifies qualified, accountable personnel with defined roles and effort, supported by relevant experience, documented risk mitigation strategies, and proactive implementation oversight.	5
Workplan	Provides a complete, measurable 30-month work plan with assigned leads, realistic timelines, first-90-day milestones, rapid launch, regional scaling, and budget alignment.	5

Budget and Budget Narrative	Reasonableness, necessity, allowability, justification, and alignment of costs with proposed activities and work plan; completeness and consistency across budget periods.	5
Inclusion of all attachments	Work plan (Years 1-3), budget and budget narrative, letters of commitment from key partners, resumes/CVs or statements of experience for key personnel, most recent audited financial statements or other requested financial documentation, W-9, SAM.gov registration, UEI documentation, proof of eligible/nonprofit status, current indirect cost rate agreement (if applicable), Stepping On licensing documentation or plan to obtain licensing, and tribal resolution/authorization (if applicable).	5
TOTAL		100

Technology is an encouraged factor rather than a minimum eligibility requirement. Final scoring weights and any geographic priorities are subject to consultation with ACL before release of the RFP.

XI. Review and Selection Process

Applications that pass screening will undergo an objective review using the published criteria. NCOA will engage reviewers with relevant expertise in evidence-based falls prevention scaling, clinical-community collaboration, community care hub (CCH) management, health care contracting, data and evaluation, and related areas. Reviewers will score applications using standardized criteria, review applications in cohorts, discuss findings, and participate in a consensus process to develop scores and funding recommendations.

Reviewer scores and recommendations will be a primary, but not exclusive, basis for final selection. Consistent with the cooperative agreement, NCOA will coordinate with ACL on objective review criteria and a data-driven selection process.

NCOA will select a portfolio of five CCHs in different geographic regions with strong opportunities to expand STEADI and Stepping On.

Final selection will consider reviewer scores and recommendations together with objective factors identified in this RFP, which may include geographic distribution, regional need and scaling potential, strength of the CCH and its network, health care market opportunity, health care contracting capacity, strength of clinical integration and potential to generate a high volume of STEADI referrals, data and IT infrastructure, readiness to implement, state or territorial partnerships, sustainability, and the overall likelihood of demonstration success. Selection will prioritize applicants that provide a promising model to scale that serve large geographic regions in states with favorable market conditions to include state and local infrastructure, health-care markets, and represent rural, suburban and urban communities.

Financial and organizational risk may also be considered before an award is made. Accordingly, the five applicants receiving the highest raw review scores are not necessarily guaranteed selection. Any additional selection or portfolio considerations will be applied consistently and documented.

Before making final awards, NCOA may request clarification, conduct a financial and organizational risk review, and verify information in the application and letters of commitment.

NCOA may also negotiate the final scope of work, work plan, budget, performance targets, reporting requirements, and other subaward terms.

XII. Payment Terms and Cash Management

Budget Structure

The total subaward is **$717,000** over a 30-month period of performance, divided into three budget periods. Applicants must submit a budget for each period using the allocation below. The allocation reflects the length of each period.

Budget Period	Dates	Length	Share of Award	Budget Amount
Period 1	2/1/27 - 7/31/27	6 months	20%	$143,400
Period 2	8/1/27 - 7/31/28	12 months	40%	$286,800
Period 3	8/1/28 - 7/31/29	12 months	40%	$286,800
Total		**30 months**	**100%**	**$717,000**

Disbursement Schedule

NCOA will disburse the first budget period's funds in one payment with subsequent payments for periods two and three being released in two disbursements of 50% each.

Period	First Disbursement	Second Disbursement
Period 1	$143,400 at subaward execution	Full period one disbursement
Period 2	$143,400 at the start of the period	$143,400 after approval of the semi-annual report for the first half of the period
Period 3	$143,400 at the start of the period	$143,400 after approval of the semi-annual report for the first half of the period

First disbursement of each period. The first disbursement of each period is released at the start of the period, as long as the subrecipient is current on all required reports and in good standing under the subaward.

Second disbursement of each period. The second disbursement is conditioned on the subrecipient showing, in the required report, that at least **80% of all funds disbursed to date** have been expended or committed. "Committed" means a documented obligation, such as a signed contract, purchase order, lease, or payroll commitment, for which cash will be paid out within [60] days of the

report date. Supporting documentation must be available on request. NCOA will release approved payments within **30 days** of report approval.

Subrecipients Assessed as High Risk

NCOA assesses each selected applicant's risk before award. Subrecipients assessed as high risk will receive the first Period 1 disbursement ($71,700) as initial working capital. All later payments will be made on a **reimbursement basis**. Reimbursement requests must include [monthly] invoices with supporting documentation, and NCOA will pay approved requests within **30 days**. NCOA may reassess a subrecipient's risk level during the subaward based on monitoring results and may adjust the payment method.

Cash Management

Subrecipients must minimize the time between receiving funds and spending them. Advanced funds must be:

- Held in an interest-bearing, insured account whenever practicable. Interest earned on advanced funds above $500 per year must be remitted to NCOA, as required by 2 CFR 200.305(b).
- Tracked in a way that keeps them separate from the organization's other funds, so they can be identified in the accounting records at any time.

NCOA's Right to Withhold or Adjust Payment

NCOA may delay, reduce, or withhold payment, and may move a subrecipient to reimbursement, if the subrecipient is late with required reports, spends well below the budgeted rate, or is out of compliance with the subaward terms (2 CFR 200.208).

Unspent Funds and Carryover

If funds are left unspent at the end of a budget period, the subrecipient may request to carry them into the next period. NCOA will consider the request with appropriate written justification and approval. Unspent funds from one period may reduce later disbursements.

All funds remain subject to closeout. Funds that are unexpended or not properly obligated at the end of the period of performance, and any costs found unallowable under 2 CFR 200 Subpart E, must be returned to NCOA within [30] days of closeout or NCOA's written request.

Final Terms

The final payment terms will be set out in the subaward agreement.

XIII. Performance Monitoring and Reporting

Semiannual reports: Awardees must submit programmatic and financial progress reports after each six-month period during the first 24 months: Months 1–6, 7–12, 13–18, and 19–24.

Final report: At the conclusion of the 30-month project, awardees must submit a final programmatic and financial report covering Months 25–30 and summarizing progress and accomplishments across

the full project period. Final reporting and closeout requirements will be established by ACL and NCOA.

In addition to these formal reports, awardees will participate in more frequent performance monitoring and rapid-cycle evaluation activities to identify implementation challenges, assess progress, and support timely continuous quality improvement.

The monthly data collection and submission requirements described in Section V.C support these reporting and monitoring activities but do not replace the formal progress reports described below.

- Participate in one-on-one progress and technical assistance meetings.
- Participate in quarterly rapid-cycle performance reviews and analyses and use findings to inform continuous quality improvement.
- Submit semiannual programmatic and financial progress reports after Months 6, 12, 18, and 24.
- Submit a final programmatic and financial report at the end of Month 30, covering the final six months of implementation, overall project accomplishments and outcomes, lessons learned, sustainability, and applicable closeout requirements.
- Maintain documentation supporting reported performance and expenditures.

Awardees must promptly address identified performance, fiscal, data quality, or compliance issues through corrective action when required. NCOA will monitor performance throughout the project.

Failure to make satisfactory progress, meet material award requirements, submit required data or reports, or comply with the subaward agreement may result in additional conditions, corrective action, withholding or reduction of funds, suspension, or termination, as permitted by the award terms and applicable federal requirements.

XIV. Use of Funds and Federal Requirements

These are federal funds from ACL/HHS. Selected subrecipients must comply with the terms of NCOA's federal award, the subaward agreement, applicable provisions of 2 CFR Part 200 and 2 CFR Part 300, the HHS Grants Policy Statement, applicable federal statutes and regulations, and other requirements flowed down by NCOA.

- Funds must be used for approved project purposes and allowable costs.
- Construction and major rehabilitation of buildings are not allowable.
- Basic research is not allowable under the underlying funding opportunity.
- Applicable restrictions on certain telecommunications and video surveillance equipment apply.
- The federal salary rate limitation applies to subawards, contracts, and subcontracts under the award.
- Program income, if generated, must be handled in accordance with the subaward terms and federal requirements.
- Subrecipients must ensure applicable federal civil rights and anti-discrimination requirements are met by the subrecipient, contractors, and partners.
- All products produced with grant funds must include the ACL/HHS funding acknowledgement/disclaimer language provided by NCOA.

NCOA will provide the complete applicable terms and conditions with the subaward agreement. Applicants should not assume that inclusion of a cost in an application makes the cost allowable.

XV. Application Checklist

- Complete all online application sections.
- Confirm eligibility and CCH status.
- Upload Health care screening and referral partners
- Upload Projected STEADI screening and referral partners
- Upload work plan.
- Upload separate budgets and budget narratives for Months 1-6, Months 7-18, and Months 19-30, plus a combined 30-month budget.
- Upload letters of commitment.
- Upload key personnel resumes/CVs.
- Upload financial and organizational documentation.
- Upload UEI/SAM documentation.
- Upload nonprofit/eligibility documentation, as applicable.
- Upload indirect cost agreement, if applicable.
- Upload Stepping On licensing documentation/plan.
- Upload works cited and references for data included in application responses.
- Complete required certifications and assurances.

XVI. About NCOA and Funding Acknowledgement

The National Council on Aging (NCOA) is the national voice for every person's right to age well. We believe in a just and caring society in which each of us, as we age, lives with dignity, purpose, and security. Working with thousands of national and local partners, we provide resources, tools (online and in community), best practices, and advocacy to ensure every person can age with health and financial security. Founded in 1950, we are the oldest national organization focused on older adults. Learn more at www.ncoa.org.

This project 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 $4,781,733 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.

XVII. Appendices

A. Health care Screening and Referral Partners
B. Projected STEADI Screening and Referral Volume
C. Partner Letters of Commitment: Requirements and Suggested Content
D. Key Definitions
E. Work Plan Template
F. Budget Template
G. Budget Narrative Template and Instructions
H. Information for Tribal Organizations
I. Grant Writing Resources
J. Application Narrative Worksheet
K. Application Checklist: *Am I Ready to Apply?*

Appendix A. Health care Screening and Referral Partners

Identify current and proposed health care screening and referral partners. For each key partner, describe the relationship, population served, clinical setting(s), current use of STEADI, anticipated commitment to the project, and expected screening and referral volume. Major partners that are central to the proposed screening and referral strategy should provide letters of commitment as described in **Appendix C**.

Health care Partner	**Current Partner** (Y/N)	**Clinical Setting(s)** e.g., outpatient, inpatient, emergency department, urgent care, post-acute care, specialty, home health, or other health care setting	**Population(s) Served** (urban, suburban, rural)	**Geographic Reach** (number of counties)	**Current Use of STEADI** (Y/N)	**Anticipated Role/Commitment**	**Additional context about health care partner** (optional)

Download Appendix A template.

Appendix B. Projected STEADI Screening and Referral Volume

For each key health care partner, provide cumulative projected numbers at the end of each six-month reporting period. Projections should reflect the expected scale-up of STEADI screening, referrals, and successful connections over the 30-month project period. The template below includes space for two health care partners for illustrative purposes; applicants are expected to identify additional key partners as appropriate to their proposed regional approach. Copy and add rows for each additional health care partner included in your proposal.

Health care Partner	Projected Measure	End of Month 6	End of Month 12	End of Month 18	End of Month 24	End of Month 30
[Partner Name]	**# of individuals screened using STEADI**					
	# of individuals identified at risk for falls					
	# of referrals made to CCH/community partners					
	# of referrals to Stepping On					
	# of Successful connections/completed referrals					
[Partner Name]	**# of individuals screened using STEADI**					
	# of individuals identified at risk for falls					
	# of referrals made to CCH/community partners					
	# of referrals to Stepping On					
	# of Successful connections/completed referrals					
TOTAL, ALL PARTNERS	**# of individuals screened using STEADI**					

	# of individuals identified at risk for falls					
	# of referrals made to CCH/community partners					
	# of referrals to Stepping On					
	# of Successful connections/completed referrals					

Note: Figures should be cumulative. For example, the Month 12 projection should represent anticipated activity from Months 1–12, and the Month 30 projection should represent anticipated activity across the full 30-month project period.

Download Appendix B template.

Appendix C. Partner Letters of Commitment

Applicants must submit letters of commitment from key partners that will have a significant role in carrying out the proposed project. Letters should demonstrate that the partner is aware of and committed to the activities attributed to it in the application and should provide sufficient information for reviewers to assess the strength and readiness of the proposed partnership. Applicants should prioritize letters from major health care screening and referral partners and other organizations whose participation is essential to achieving the proposed implementation, scaling, data/evaluation, or sustainability objectives.

Letters should be signed by an individual with appropriate authority to represent the partner organization and should address, as applicable:

- Organization name and authorized signatory.
- Specific role in the proposed demonstration.
- Current relationship and history of collaboration with the applicant.
- Population, geographic area, and/or sites involved.
- For health care partners: commitment to STEADI implementation; participating clinical sites/settings; anticipated workflow/EHR integration; anticipated screening and referral volume; referral and feedback/closure processes; data sharing; and designated clinical champion(s), where known.
- For aging and disability network or community partners: anticipated roles in referrals, service delivery, Stepping On delivery, regional expansion, community engagement, and/or sustainability.
- For state, territorial, Tribal, or other regional partners: anticipated role in coordination, scaling, alignment, sustainability, data/evaluation, or other relevant activities.
- Specific personnel, resources, data, facilities, funding, or other contributions the organization expects to provide.
- Commitment to participate in the relevant portion of the 30-month project period and in applicable evaluation and technical assistance activities.

Download Appendix C guidance.

Appendix D. Key Definitions

Aging Network: The network of state, territorial, Tribal, and local aging agencies, programs, and community-based organizations that supports older adults in living independently in their homes and communities. For purposes of this funding opportunity, Aging Network partners may include State Units on Aging (SUAs), Area Agencies on Aging (AAAs), Title VI Native American Aging Programs, territorial agencies and programs serving older adults, and other community-based organizations involved in aging, health promotion, and falls prevention services. The project aims to strengthen the capacity of the Aging Network and its partners to participate in clinical-community referral systems and scale STEADI and Stepping On.

Applicant: For purposes of this funding opportunity, the eligible organization applying to receive a subaward from NCOA and proposing to serve as the lead community care hub (CCH) for a regional demonstration. Applicants are expected to demonstrate the organizational, partnership, data, health care contracting, and implementation capacity necessary to scale STEADI and Stepping On through clinical-community partnerships.

Community Care Hub (CCH): Serves as a community-focused regional, statewide, or multi-state umbrella organization that coordinates, centralizes, and scales administrative functions and operational infrastructure on behalf of a network of community support providers. A CCH offers a single point of contracting for health care providers and payers.

Evidence-Based Program: A program or intervention supported by evidence demonstrating its effectiveness in achieving intended outcomes. For purposes of this demonstration, Stepping On is the evidence-based, multifactorial falls prevention program that participating CCHs will scale in conjunction with STEADI screening and clinical-community referral pathways.

Goals: Broad statements describing the overall purpose or intended direction of a project. For this demonstration, the overarching goal is to scale STEADI and Stepping On by building the capacity of CCH/health care partnerships in five regions, resulting in increased older adult falls risk screening, referral, and intervention participation.

Key Partner: An organization specifically named to have a significant role in carrying out the proposed project.

Key Personnel: Individuals who will have significant responsibility for implementing, managing, monitoring, or evaluating the proposed project. Key personnel may include staff responsible for project leadership and management, clinical-community partner coordination, Stepping On implementation, data collection and reporting, evaluation, fiscal management, and other major project functions.

Letter of Commitment: A signed letter from a key partner confirming its participation in the proposed project and describing its specific role, responsibilities, and anticipated contributions.

Objectives: Specific actions or steps undertaken to achieve a project goal. The demonstration's objectives include implementation of a transparent, data-driven subaward process; rapid-cycle evaluation; strengthening CCH regional capacity and reach; increasing health care, Aging Network, and community-based workforce engagement and capacity; and advancing long-term falls prevention scaling.

Older Adult: An individual age 60 or older. For Tribes and Tribal organizations, the age of older Indians is defined by the Tribe and may vary.

Outcomes: Measurable results that demonstrate progress toward project goals and objectives. For this demonstration, outcomes focus on increased CCH and partner capacity, stronger CCH/health care partnerships and referral pathways, greater regional reach, increased routine use of STEADI and referrals, increased completed referrals and availability of Stepping On, and increased older adult participation in Stepping On.

Rapid-Cycle Evaluation: Frequent collection and analysis of implementation and outcome data to identify successes and barriers and rapidly test improvements, linked to technical assistance and continuous quality improvement. For this demonstration, rapid-cycle evaluation will integrate standardized implementation and participant-level data with qualitative implementation findings and use quarterly continuous quality improvement cycles to inform implementation and technical assistance.

STEADI: CDC's Stopping Elderly Accidents, Deaths & Injuries initiative and tool, used to screen for fall risk, assess modifiable risk factors, and intervene to reduce risk.

Stepping On: A multifactorial evidence-based community falls prevention program. Selected CCHs must maintain appropriate licensing as determined by WIHA.

Successful Connection Rate: The proportion of managed referrals whose closure resulted from receipt of a real benefit, as defined for project reporting.

Technical Assistance (TA): Targeted support designed to strengthen implementation capacity, address identified needs and barriers, and support successful scaling of STEADI and Stepping On. For this demonstration, TA may include individualized support, peer-to-peer learning, learning communities, subject-matter expertise, group training, webinars, office hours, networking, data and evaluation support, and other assistance informed by rapid-cycle evaluation findings.

Appendix E. 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: Year 1 (Months 1–6), Year 2 (Months 7–18), and Year 3 (Months 19–30); note year 1 represents a 6 month period, year 2 and 3 represent a 12-month period. Ensure that the work plan reflects the activities described in the application, budget, and budget narrative

Download the Work Plan template.

Appendix F. Budget Template

Applicants are required to provide a Budget for the project using the following template. Provide a combined budget for the 30 month project period as well as separate budgets for year 1, year 2 and year 3.

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 G. Budget Narrative Template and Instructions

Applicants are required to provide a detailed Budget Narrative for the project using the template below. Provide a separate Budget Narrative for Year 1, Year 2, and Year 3. 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.

Download the Budget Narrative template.

Category	**Grant Funds Requested**	**Justification**
Personnel		
Fringe Benefits		
Travel		
Equipment		
Supplies		
Contractual		
Other		
Indirect Charges		
TOTAL		

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, including the cost basis of salary calculations. 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., Head Start);
- When an organization customarily provides meals to employees working beyond the normal workday, as a part of a formal compensation arrangement;
- As part of a per diem or subsistence allowance provided in conjunction with allowable travel; and
- Under a conference grant, when meals are 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 H. 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 I: Resources

The following are resources to support the grant writing process.

- Grant Writing Basics
- How to Successfully Write Competitive Grants as a Community-Based Organization
- Stepping On- WIHA
- Assistive Technology Programs- ATAP
- Functions of A Mature Community Care Hub – Partnership to Align Social Care
- Map of Community Care Hubs- USAging
- Advancing Partnerships to Address Whole-Person Health- ACL

Appendix J: Application Narrative Worksheet

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 K: Application Checklist – *Am I Ready to Apply?*

Step 1: Review the RFP and confirm your organization's eligibility.

Before beginning an application:

☐ Confirm that your organization meets the eligibility requirements described in Section IV. Eligibility.

☐ Confirm that your organization functions as a community care hub (CCH) and has the capacity to serve a large geographic area in partnership with health care entities.

☐ Confirm that your organization is prepared to implement and scale Stepping On in partnership with health care entities using STEADI.

☐ Confirm that your organization has, or can obtain before award, a Unique Entity Identifier (UEI) through SAM.gov and can meet applicable federal registration and compliance requirements.

☐ Review the required project activities and grantee expectations described in Section V, including requirements related to data collection and reporting, rapid-cycle evaluation, the ACL-funded external evaluation, technical assistance, performance monitoring, and federal compliance

☐ Submit LOI by November 20, 2026 (encouraged, not required - submitted through NCOA's application portal on Zengine)

Step 2: Gather information from partners and complete required partner documentation.

☐ Identify your current and proposed key health care screening and referral partners.

☐ Complete Appendix A. Health care Screening and Referral Partners for all key health care partners.

☐ Complete Appendix B. Projected STEADI Screening and Referral Volume, including cumulative projections at Months 6, 12, 18, 24, and 30 and totals across all health care partners.

☐ Obtain Letters of Commitment from major health care screening and referral partners that are central to your proposed STEADI screening and referral strategy.

☐ Obtain Letters of Commitment, as appropriate, from other key partners whose participation is essential to implementation, regional scaling, data/evaluation, or sustainability.

☐ Ensure Letters of Commitment address the applicable requirements and suggested content described in Appendix C. Partner Letters of Commitment: Requirements and Suggested Content.

Step 3: Prepare your application narrative.

Complete all required sections of the online application:

☐ A. Applicant Information and Eligibility

☐ B. Applicant Capacity and Reach

☐ C. Health care Partnerships and Clinical-Community Integration

☐ D. Capacity To Deliver and Scale Stepping On

☐ E. Regional Need, Infrastructure, and Alignment

☐ F. Data, IT, and Evaluation Capacity

☐ G. Proposed Intervention

☐ H. Key Implementation Partners and Resources

☐ I. Project Management, Staffing and Readiness

☐ Confirm that responses comply with applicable maximum word counts.

☐ Include links in works cited section to relevant publicly available data to substantiate key claims about need and market opportunity, as required by the RFP.

Step 4: Complete your Work Plan, Budget, and Budget Narrative.

☐ Complete the 30-month Work Plan using the template provided in Appendix E, covering:

- Year 1: Months 1–6
- Year 2: Months 7–18
- Year 3: Months 19–30

☐ Ensure the Work Plan clearly identifies activities, deliverables, and milestones to be completed during the first 90 days of the award.

☐ Complete the Budget using the template provided in Appendix F, including separate budgets for:

- Budget Period 1: Months 1–6
- Budget Period 2: Months 7–18
- Budget Period 3: Months 19–30
- Combined 30-month project period

☐ Confirm that the combined budget does not exceed $717,000 and that each budget period complies with the applicable limits specified in the RFP.

☐ Complete a separate Budget Narrative for each budget period using the template and instructions provided in Appendix G.

☐ Confirm that the Work Plan, Budget, Budget Narrative, and application narrative are consistent with one another.

Step 5: Gather required attachments.

Before submitting, confirm that you have the following attachments ready for upload:

☐ Health care screening and referral partners

☐ Projected STEADI screening and referral partners

☐ Work Plan

☐ Budget

☐ Budget Narrative

☐ Letters of Commitment from key partners

☐ Resumes/CVs or statements of experience for key personnel

☐ Most recent audited financial statements or other financial documentation required by NCOA, including Single Audit documentation when applicable

☐ W-9

☐ SAM.gov/UEI documentation

☐ Proof of eligible/nonprofit status, as applicable

☐ Current federally negotiated indirect cost rate agreement, if applicable

☐ Stepping On licensing documentation or plan to obtain required licensing

☐ Upload works cited and references for data included in application responses.

☐ Tribal resolution/authorization, if applicable and required. Applicants should review Appendix H. Information for Tribal Organizations for additional information.

Step 6: Conduct a final application review.

Before submitting your application:

☐ Confirm that all required application questions have been completed.

☐ Confirm that all required attachments have been uploaded.

☐ Confirm that partner names, roles, commitments, and projected volumes are consistent across the narrative, Appendices A and B, and Letters of Commitment.

☐ Confirm that proposed activities, milestones, staffing, and costs are consistent across the application, Work Plan, Budget, and Budget Narrative.

☐ Confirm that the application meets the Screening Criteria in Section IX.

☐ Complete all required certifications and assurances.

Step 7: Submit your application.

☐ Submit the complete application and all required attachments through **NCOA's Zengine application portal**.

☐ **Submit by December 10, 2026, 11:59 p.m. Eastern Time.**

☐ Retain a copy of the completed application and confirmation of submission for your records.

Download Appendix K application checklist.