



Request for Applications

Grant Invitation and Application Instructions: Innovations in Falls Prevention Grant Program

Issued by: The National Council on Aging's Falls Prevention Resource
Center, April 2024

Funding Opportunity Title: Innovations in Falls Prevention Grant Initiative

Grant Amount: Grants for up to \$75,000 each

Grant Interest Area: The intent of this funding opportunity is to support innovations in fall prevention that envisions older adults experiencing fewer falls and fall-related injuries, maximizing their independence and quality of life. Each grant will target one of the following focus areas: First Responders/Emergency Medical Services; Housing; and Nutrition Services/Food Access Points.

Special consideration may be given to applicants based on their relationship to the falls prevention and aging network, successful experience implementing evidence-based falls prevention programs, participation in NCOA's Falls Prevention Awareness Week, or FallsFree® Coalition affiliation.

Key Dates:

Optional, Informational webinar: Thursday, April 4, 2024, 3 p.m. ET

Letter of Intent due: Thursday, April 11, 2024, at 3 p.m. ET

Application due: Tuesday, April 30, 2024, at 3 p.m. ET

Grant Goal: Develop a falls prevention innovative strategy for older adults in one of NCOA's targeted focus areas (First Responders/Emergency Medical Services, Housing, or Nutrition Services/Food Access Points) between June 2024-May 2025.

Funding Opportunity Description

The National Council on Aging's (NCOA) National Falls Prevention Resource Center (The Center) will provide grants for a 12-month period (June 1, 2024-May 31, 2025) to selected organizations for the development of innovative approaches to older adult falls prevention focused on one of the following areas: First Responders/Emergency Medical Services; Housing/Housing Agencies; and Nutrition Services/Food Access Points.

Anticipated Awards: 6 grants of \$75,000 each

Length of Project Period: 12 Months

Applicants are **required** to submit a simple letter of intent by **Thursday, April 11, at 3 p.m. ET**. A notice to complete the application will be sent to those who submit a letter. Organizations must submit a letter of intent in order to receive the link to complete an application. **Applications are due by 3 p.m. ET on Tuesday, April 30, 2024.**

About the National Council on Aging

The National Council on Aging (NCOA) is the national voice for every person's right to age well. We believe that how we age should not be determined by gender, color, sexuality, income, or ZIP code. Working with thousands of national and local partners, we provide resources, tools, 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 and @NCOAging.

About NCOA's Center for Healthy Aging

The Center for Healthy Aging empowers people to age well through a combination of wellness programs, tools, and resources delivered via community organizations and online. Our goal is to provide tailored, culturally relevant solutions that enhance health equity and also

improve independence, quality of life, overall health, and the ability to age in place.

The Center for Healthy Aging accomplishes its mission by:

- Providing tools and resources that help local, state, and regional organizations implement, expand, and sustain community-based programming and health initiatives.
- Generating and disseminating new knowledge about best practices and effective strategies for program implementation in the areas of marketing and recruitment, leadership, delivery infrastructure, business planning, sustainability, and more.
- Developing tools to educate professionals and consumers about key health issues, including the risk of falls, the importance of managing ongoing chronic conditions, and the benefits of preventative vaccinations.

Learn more about the Center at <https://www.ncoa.org/article/about-the-center-for-healthy-aging>.

About National Falls Prevention Resource Center

NCOA's National Falls Prevention Resource Center supports the implementation, dissemination, and sustainability of evidence-based falls prevention programs and strategies across the nation. The Center increases public awareness and educates consumers and professionals about the risks of falls and how to prevent them, and serves as the national clearinghouse of tools, best practices, and other information on falls prevention. The Center is supported by a cooperative agreement from the U.S. Administration for Community Living/Administration on Aging. Learn more at <https://www.ncoa.org/professionals/health/center-for-healthy-aging/national-falls-prevention-resource-center>.

Innovations in Falls Prevention Grant Initiative

Background

Falls among older adults aged 65 and older continue to rise each year and are the leading cause of head injuries and hip fractures, significantly impacting the quality of life of older adults and their families. Falls remain the leading cause of injury death for older Americans. Falls threaten older adults' safety and independence and generate enormous economic and personal costs. CDC's Injury Center monitors falls, fall-related injuries, and associated costs, reporting:

- Every second of every day, an older adult (age 65+) falls in the U.S.
- More than one-fourth of Americans aged 65+ falls each year.
- Falls result in more than 3 million injuries treated in emergency departments annually, including over 800,000 hospitalizations and more than 32,000 deaths.
- Each year about \$50 billion is spent on medical costs related to non-fatal fall injuries and \$754 million is spent related to fatal falls.

In addition to pain and suffering, and the high cost of rehabilitation, falls with or without injury also impacts the quality of life to age in place. A growing number of older adults fear falling and, as a result, often self-limit activities and social engagements. These limitations can result in further physical decline, depression, social isolation, and feelings of helplessness. Thereby, evidence-based interventions that target individual risk factors for falling have been shown to reduce falls and promote falls self-efficacy.

The National Council on Aging (NCOA) is dedicated to reducing the number of fall-related injuries through awareness, education, and promotion of evidence-based fall prevention programs and tools for older adults to adopt behaviors that lead to a falls-free lifestyle. Each year, NCOA hosts Falls Prevention Awareness Week, an awareness and activation campaign to elevate falls education and steps older adults can take to prevent and reduce their risk of a fall.

NCOA played a significant role in bringing falls prevention to the forefront through its inaugural Falls Free Summit in December 2004. The summit, attended by representatives from 57 diverse organizations, aimed to address the growing issue of falls and fall-related injuries among older adults. The resulting Falls Free Action Plan served as a landmark, evidence-based initiative, providing strategic direction and outlining what should be done to prevent falls in older adults at a national level. It was designed to be a call to action, fostering collaboration among various stakeholders and offering guidance for implementing a coordinated approach to preventing falls in older adults. This plan was updated in 2015 as part of the White House Conference on Aging and continues to serve as a framework for NCOA, other national organizations, state and local coalitions, and others.

This funding opportunity aims to support innovation to minimize falls for older adults in targeted areas selected by NCOA's Falls Prevention network. The project is supported by the U.S. Administration for Community Living/Administration on Aging. This RFP has been issued on behalf of NCOA to create opportunities for community-based organizations and other entities focused on older adults falls to develop innovative solutions to prevention. Applicants should have already demonstrated their experience in falls prevention and capacity to work with older adults. Each applicant must have a strong interest in collaboration with emergency responders, housing agencies, and/or nutrition services/food access points in their target communities.

Each innovation grant will target one of the following areas: First Responders/Emergency Medical Services; Housing/Housing Agencies; and Nutrition Services/Food Access Points.
Eligibility and Selection Criteria

Entities eligible to apply for grants under this program are limited to the types of organizations listed below:

- Public or nonprofit providers of services to older adults, including, but not limited to: Aging and Disability Resource Centers (ADRCs), Area Agencies on Aging (AAAs), State Health Insurance Assistance Programs (SHIPs), State Units on Aging (SUAs), Centers for Independent Living (CILs), community health centers, or senior centers;
- Faith-based organizations;
- State and local government agencies serving older adults;
- Native American tribal organizations;
- Public housing authorities/Indian housing authorities; or
- Public and state-controlled institutes of higher education.

Individuals and for-profit organizations are not eligible for this funding opportunity.

All proposals must include a implementation plan, 12-month workplan, budget, and budget narrative. The work plan should include the planning phase, innovation creation or expansion of an innovation, implementation, and evaluation timeline. (*Guidelines for the project work plan are included in Attachment D.*)

Applicants may submit up to three (3) proposals, one for each fall prevention focus area; however, applicants must submit unique proposals for each category and will only be awarded under one category. Organizations that submit multiple applications must indicate their preferred project during the application process.

Proposals that do not meet the Eligibility and Selection Criteria (see description under Eligibility and Selection Criteria) will be screened out from consideration. In assessing the quality of each proposal submitted, the Center will consider:

- Clearly defined innovation, implementation plan, and description of evaluation;
- Commitment to create a resource for falls prevention for older adults;
- Demonstrated understanding of and commitment to reducing falls amongst older adults;
- A successful track record working with older adults and falls prevention efforts in your proposed target area, especially with selected focus area (e.g., emergency responders, housing, or nutrition/food access points);
- Plans for identifying partnerships in your target populations, such as through community or coalition referrals, use of public lists, etc.;
- Plans for testing innovation with individuals at-risk for falls;
- Demonstrated commitment of intended partners, including the role the partner will play;
- Demonstrated understanding of the technical capacity and resources necessary to carry out the project;
- Commitment to provide monthly reporting data through a designated web-based tool;
- Commitment to participate in ongoing information-sharing and learning opportunities with other grantees and with NCOA and ACL staff;
- Commitment to participate in overall evaluation of the falls prevention innovation grant projects; and
- Plans for sustaining promising practice activities after grant funding concludes.

Applicants are encouraged to bring creativity, innovation, and replicability to create a sustainable solution to reducing falls. Application must integrate one of the following areas into innovation:

First Responders/Emergency Medical Services

First responders and emergency medical services (EMS) now see more older adult fall victims than fire victims, often being called to the same homes repeatedly for minor falls. The reliance on EMS to respond to resident falls presents a unique opportunity for them and aging services professionals to work together to intervene, educate, and ultimately prevent that next fall.

The utilization of EMS for lift assists is costly and diverts care from higher acuity-related calls that need immediate triage and transport to care. It also presents a window into a person’s life that may not be visible to non-resident family members and health care providers. After a lift assist, if no significant intervention is offered or available, the likelihood of the next fall is imminent. A community-based and collaborative approach in which first responders/EMS are working in tandem with aging services and health care allow for first responders to offer resources and education to the older adult during a “teachable moment,” can reduce repeat visits for falls-related care, and frees up scarce resources.

Resources:

- <https://www.ncoa.org/article/partnering-with-fire-and-emergency-medical-services-to-prevent-falls>
- <https://www.nfpa.org/about-nfpa/press-room/news-releases/2023/nfpa-announces-launch-of-steps-to-safety-prevent-fire-and-falls-at-home-an-updated-program>
- <https://www.nfpa.org/Education-and-Research/Home-Fire-Safety/Older-adults/Steps-to-Safety>

Housing

Most older adults live in the community in single family homes, apartments, low-income older adult housing, assisted living, and other settings. Most people choose to continue living at home as they age, yet homes that were once supportive may present problems over time that could lead to falls. In fact, over half of all falls take place at home. Programs and services that provide home modifications and repairs to increase safety and independence can support people to age in their communities and avoid

falls. Potential partners that can play a role in improving safety and support in the home environment range across sectors and include aging, disability, housing, and healthcare entities. Programs and services are provided at the local, state, and federal levels.

Innovations under this focus area may address reducing the risk of falls in a range of housing settings in the community and are encouraged to coordinate efforts with housing-related partners, health care professionals such as occupational and physical therapists and community-based organizations. NCOA's home safety and home modification service delivery [model](#) can serve as a model for development of local innovations in senior housing.

Resource: <https://www.ncoa.org/article/delivering-home-modifications-that-meet-older-adults-needs>

Food Access and Nutrition

In a nation known for its wealth, too many older adults don't have enough food to eat. Roughly 5.2 million older Americans (6.8%) faced food insecurity in 2020. When the COVID-19 pandemic hit in 2020, many older adults weren't able to gain access to food or were 'food insecure.' This circumstance resulted from factors like income loss, fear of leaving the house, and lack of help with grocery shopping and transportation.

Low-income older adults have various options to access food in their local communities. An older adult may seek assistance with a food pantry, farmer's market, or commodity food box program for household groceries. They may also visit a senior center for a congregate meal. SNAP enrollment may require in-person activity to apply or redeem in grocery stores or restaurants. Regardless of where an older adult chooses to obtain food, fall risk may exist.

In addition to food access, proper nutrition is an important factor in falls prevention, as frailty and weakness results in loss of muscle mass and strength, neuromuscular impairment, limited mobility and malnutrition. Nutrition is related to many risk factors for falls and has been shown to be a determining factor in not only the severity of injuries from falls, but also recovery time after the injury. Specifically, deficiencies in energy, protein and micronutrients can lead to falls due to the effect on strength, mobility and impact on both visual and cognitive impairment. A low body weight due to malnutrition can also increase falls risk due to similar effects on strength and bone loss. Malnutrition and dehydration symptoms include fatigue, dizziness, irritability, loss of muscle mass, impulsivity, and the potential for poor judgment. Therefore, it is likely that the severity of specific malnutrition parameters is associated with recurrent falls and possibly injurious falls. Access to a well-balanced diet with adequate energy and protein is essential in promoting safe mobility and greater strength, balance and cognition. Together with a stable healthy body weight and adequate hydration, these nutritional factors can greatly reduce falls risk for older adults.

Several studies have indicated that malnutrition is a determinant for an increased risk of falling in the older adult population, and nutritional risk has been associated with an increased chance of falling for both older men and older women. Early detection of malnutrition is a potentially reversible factor related to falls, and early identification and management of nutritional status is an important component for a possible fall prevention strategy.

Food access and nutrition service programs provide opportunities for awareness and education of older adults, sites for screening events and evidence-based falls prevention programs, and referrals to health care providers.

Required Proposal Components

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

- Statement of Need [10 points]
- Plan Objectives and Work Plan [10 points]
- Target Area and Populations [10 points]
- Description of Innovation and Approach [40 points]
- Evaluation Plan [10 points]
- Management and Organizational Capacity [10 points]
- Budget [10 points]

Program Direction and Technical Assistance Resources

NCOA will provide overall direction for the program and technical assistance, training, and tools to grantees to assist them in maximizing success of their innovation grant.

Grantees will be expected to:

- Ability to begin work immediately after receiving a notice of grant award
- Designate a full-time program-level staff member to serve as the project coordinator, who will take major responsibility for working with NCOA on program components including the design, implementation, and evaluation of the project;
- Submit programmatic and financial reports in a timely manner;
- Participate in conference calls and web surveys;
- Respond in a timely manner (within 1 business day) to NCOA inquiries and requests via email or telephone;
- Share information and “lessons learned” with fellow grantees and ACL and NCOA staff;
- Willingness to send at least one staff member to speaker engagements such as Age+Action Conference (May 2025), National Falls Prevention Summit (September 2024) or other external engagement opportunity;
- Participate in an overall evaluation of the grant-funded project; and
- Create a best practice report (Attachment E) that walks a reader step-by-step through all of the considerations necessary to be ready to replicate the innovation in a community.

Use of Grant Funds

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

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

How to Apply

1. **Letter of Intent.** Organizations wishing to apply for funds under this opportunity are **required** to [submit a letter](#) to the Center indicating their intent to apply by **Thursday, April 11, 2024, 3 p.m. ET**. This letter is non-binding but will assist us in ensuring a robust review process.
2. **Application.** Applicants must submit an electronic proposal describing the project and the applicant, with background relevant to the issues outlined in these guidelines. This proposal must include:
 - An implementation plan for innovation-related activities (Attachment A);
 - A budget and narrative explaining this budget (Attachment C);
 - A workplan (Attachment D)
 - The project coordinator and key staff resume(s); and
 - Latest IRS Form 990 or Audited Financial Statement.

Proposals must follow the character count outlined in Attachment A. Character count includes spaces. Letters of commitment, project coordinator’s resume, key staff resumes, work plan, budget, and budget narrative have no character limitation.

All proposals should be submitted **electronically no later than Tuesday, April 30, 2024, by 3 p.m. ET** through the [web-based system](#). Emailed submissions will not be considered. All sections of the proposal must be submitted by this deadline; NCOA will not accept any materials submitted late, and we will not be able to review incomplete proposals. Applications will be reviewed by a panel of national experts. Applicants selected to receive grants will be notified by **Thursday, May 30, 2024**.

Inquiries

All inquiries regarding this RFP should be **emailed** to angela.bonham@ncoa.org.

Timeline

April 1, 2024	Application opens
April 4, 2024, 3 p.m. ET	Optional, informational webinar Registration: <a href="https://ncoa.zoom.us/webinar/register/WN_fd7WTcSYQm-
uqQ3QyonnzA">https://ncoa.zoom.us/webinar/register/WN_fd7WTcSYQm- uqQ3QyonnzA
April 11, 2024, 3 p.m. ET	Deadline for letter of intent to apply https://webportalapp.com/sp/ncoa_falls_framework
April 30, 2024, 3 p.m. ET	Deadline for submission of grant proposals
May 30, 2024	Notification of applicants selected to receive grants
June 1, 2024	Selected organizations begin work

Attachment A – Falls Prevention Implementation Plan

Character limits listed below include spaces.

Program Timeframe

June 1, 2024 through May 31, 2025

Applicant Information:

Organization Name
Project Coordinator
Street Address
City/State/ZIP
Telephone
Email
Website
Organizational Facebook, Twitter, and/or LinkedIn

Please select the category that best describes your organization:

- Public or nonprofit providers of services to older adults
- Faith-based organizations
- Tribal organizations
- State and local government agencies serving older adults
- Consumer advocacy organizations
- Falls Coalition with 501(c)3 status
- Other – Please Explain

Did your organization file a Form 990 in 2022 or 2023? (NCOA is unable to accept a Form 990 EZ, Form 990-PF, and Form 990-N)

Has your organization or agency applied for funding or participated in a project as a grantee from any of the following NCOA affiliated programs in the past five years? Please select previous programs.

This includes but is not limited to:

- Center for Healthy Aging: Vaccine, Falls Prevention Evidence Based Program, Chronic Disease Self-Management Education, and National Institute of Senior Centers;
- Center for Benefits Access: Senior SNAP Enrollment Initiative, Direct Care Workforce, and Benefits Enrollment Center;
- Senior Community Service Employment Program (SCSEP)

Overview (This section will serve as a project summary and not be scored)

Project Title

Focus Area- Please choose the category that best aligns to your proposed innovation.

- First Responders/Emergency Medical Services
- Housing/Housing Agencies
- Nutrition & Food Access Points

Problem Statement- Please describe the problem to be addressed with this proposed grant and/or question(s) you are attempting to answer using falls prevention innovation.

Primary Objectives- Please identify up to three objectives for this project. *These will be used in workplan.*

Requested Award Amount (\$75,000)

Statement of Need [10 points]

- Please provide a brief overview of the key elements of your proposed Falls Prevention Innovation. (1,500 character limit)
- Why is an innovation necessary in your focus area? In your response, describe the current gap in the needs of older adults in your proposed focus area. (1,500 character limit)
- What *unique* impact can your organization make to improve falls prevention efforts in your proposed focus area? (1,500 character limit)

Target Area and Populations [10 points]

- Please describe the population to be served by your proposed Falls Prevention Innovation, and the needs of the community that your proposed initiative would address. (3,500 character limit)
- What is the general description of your target area? The online grant system will allow you to select general descriptors based on your population's characteristics and the size of your target area.
- Please select the special populations that you intend to target and serve during this grant: Rural older adults, Border communities, Immigrants, African Americans, Asian Americans, Hispanic/Latinos, Tribal communities residing on and off reservation land, People with disabilities, Members of the LGBTQ community, Those with limited English proficiency (LEP), Women, Veterans, or None of the above.

Plan Objectives and Work Plan [10 points]

- Provide a work plan by objective with key milestones and timeline throughout the grant that you need to achieve to make progress towards these results. (No character limit, see Attachment D for template)

Description of Innovation and Approach [40 points]

- Describe the approach your organization will use. Include data informed research, design and pilot the innovation in your selected community. (6,000 character limit)
- Describe how your proposed innovation will envision older adult falls differently from existing efforts? (6,000 character limit)
- Describe how you will coordinate an interdisciplinary team of subject matter experts with other relevant agencies in your community/state. Identify key partner organizations and indicate the specific roles that these partners will play in your project. (3,000 character limit)
- Describe your organization's experience addressing older adult falls and working with older adults. Please include how your agency will integrate partnerships with the focus area (emergency responders, housing agencies, or food access points) into innovation development and/or piloting the model. Include required training, staff roles and responsibilities, current partnerships with administering agencies, and current knowledge of the enrollment process in your answer. If you do not have experience with fall prevention, describe how your experience with supporting older adults applies to your ability to create a falls prevention solution. (3,000 character limit)

Evaluation Plan [10 points]

- Describe how you will track the progress and success of your agency's work. Please include how you intend to solicit and incorporate feedback from older adults, subject matter experts and partners in focus area. (6,000 character limit)
- Describe how you will evaluate your innovation's ability to reduce older adults falls, falls risks, and falls-related injuries. (3,000 character limit)

Management and Organizational Capacity [10 points]

- Describe your capacity to carry out this project over the next 12 months. (3,000 characters)
- If successful, how will you plan to continue innovation implementation after grant funding ends?

How will you embed the work into ongoing efforts of your community? (3,000 characters)

- Identify the Project Coordinator, describe relevant experience, and identify time commitment to this project. **This role cannot be filled by executive level staff and must be a full-time employee of funded agency.** (1,000 characters)
- Identify other key staff, partnerships, relevant experience, and time commitment. (2,000 characters)
- Explain how this project fits with your organization's mission and other programs. (3,000 characters)

Budget [10 points]

- What is the total budget for your project, including this grant? If this significantly exceeds grant award amount, please describe supplemental funding in narrative.
- Grant Award Budget (See attachment C for budget categories)
- Budget Narrative

Audited Financials [Required, No score for this section]

- Upload a PDF version of your most recent:
- Audited Financials or 990 Tax Form; and
- Agency W-9 Form.
- SAM.gov Registration Verification
- Organization's Unique Entity Identifier (UEI)

Attachment B – Required Reporting

Grantees will be required to provide monthly web-based reports on the progress that occurred. The monthly reports will be required over the full duration of the grant. Additionally, the grantee will be required to submit two semiannual financial reports. NCOA reserves the right to change the data elements required in the monthly report at any point during the grant period. Data elements are required to report on a monthly basis:

- Progress Summary for Month – provide a brief update on each goal
- Success Highlights
- Explain any challenges and how you plan to address them
- Do you have a story to share this month?

As the Reporting Agency for this effort, you are responsible for reporting on the above data elements from you and any of your partners on a monthly basis and submitting them via the reporting tool no later than the **15th of the following month**. They are required for timely payment.

Additionally, the grantee will be required to submit two semiannual financial reports reflecting the actual use of grant funds. For each financial report, grantee will submit the actual amount spent in each category represented in Attachment C. If any budget category expenses deviate from original budget by at least 10%, grantee must provide a written notice to NCOA.

At the conclusion of the grant, grantees will submit a Promising Practice Report to NCOA. This will summarize the innovation and provide guidance for replication. See Attachment E for key components.

Attachment C - Proposed Budget

Provide detailed budget information below, **with a separate area for narrative justification.**

Organization Name

Project Coordinator

Fiscal Director

Fiscal Director Phone Number

Grant Period (start to end)

June 1, 2024 through May 31, 2025

Date submitted

	CATEGORIES	BUDGET
	PERSONNEL	
1	DIRECT LABOR	
2	FRINGE BENEFITS	
3	PERSONNEL TOTAL	
	OTHER DIRECT COSTS	
4	TRAVEL	
5	PRINTING/DUPLICATION	
6	SUPPLIES	
7	TELEPHONE	
8	POSTAGE	
9	ADVERTISING	
10	EQUIPMENT	
11	CONSULTANTS/SUBCONTRACTORS	
12	OTHER	
13	OTHER DIRECT TOTAL	
14	INDIRECT COSTS (10% limit)	
15	GRAND TOTAL	

Narrative:

Attachment D – Project Work Plan

This work plan will be used as a guide for your project. It is an outline of a set of goals and processes by which a team can achieve the identified goals. Set as many goals (at minimum 3 goals) as necessary to meet the overarching goals of the project. An **example of a goal follows**.

Project Work Plan – Addressing Older Adults Falls at Meal Sites (June 1, 2024-May 31, 2025)

* **Time Frame** (Start/End Dates by Month in Project Cycle)

Key Tasks	Lead Person	1	2	3	4	5	6	7	8	9	10	11	12
Objective 1: Implement FallsFree® Dining Experience at 5 Congregate Meals Sites.													
Train senior center staff to conduct falls risk assessment	Training Specialist	X	X										
Install grab bars in common areas	Project Manager				X	X							
Evaluate plan and implement necessary changes	Program Manager			X	X	X	X	X	X	X	X	X	X
Add ACL approved evidence-based program to location for meal participants. One new meal site per month.	Master Trainer						X	X	X	X	X		

Attachment E - Promising Practice Report Framework

The final product of this project will include a Promising Practice Report. In the report, you will include the following details:

- I. **Introduction**- Tell us about your organization and why this was an appropriate fit.
- II. **Population**- Tell us about the community, geography, and people. This would be a great place to integrate data.
- III. **Falls Prevention Innovation** – Tell us about your innovation pilot.
- IV. **Implementation and Approach**- How did your organization design the proposed new model? What did you need to be successful?
- V. **Challenges and Solutions** – What did you find difficult? What could work better?
- VI. **Results** – Share achievements, client stories, partner testimonials, etc.
- VII. If applicable, share resources that would be helpful to a Falls Prevention champion in your area or replicating a similar program model.