Frequently Asked Questions


A. TECHNICAL ASSISTANCE RESOURCES

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

   • Casey DiCocco – Falls Lead and Project Officer (casey.dicocco@acl.hhs.gov)
   • Shannon Skowronski – Falls Lead and Project Officer (shannon.skowronski@acl.hhs.gov)
   • Dennis Dudley – Project Officer (dennis.dudley@acl.hhs.gov)
   • Kristie Kulinski – Project Officer (kristie.kulinski@acl.hhs.gov)
   • Phantane Sprowls – Project Officer (phantane.sprowls@acl.hhs.gov)
   • Lacey Vaughan – Project Officer (lacey.vaughan@acl.hhs.gov)

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

   • Kathleen (Kathy) Cameron – Senior Director and State Technical Assistance (TA) Liaison (kathleen.cameron@ncoa.org)
   • Chelsea Gilchrist – Senior Program Manager and State TA Liaison (chelsea.gilchrist@ncoa.org)
   • Ellen Schneider – State TA Liaison (ellen.schneider@ncoa.org)
   • Marissa Whitehouse –Senior Program Specialist and State TA Liaison (marissa.whitehouse@ncoa.org)

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

   When you need technical assistance, you should email requests to your assigned ACL/AoA Project Officer and Resource Center State TA Liaisons. The ACL/AoA and Resource Center Liaisons serve as the core team members for your technical assistance needs. To see a list of assignments, go to: www.ncoa.org/resources/grantee-technical-assistance-aclaoa-project-officer-and-resource-center-liaisons/.

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

   The Grants Management Specialist is Sean Lewis (sean.lewis@acl.hhs.gov). Please copy your Project Officer on all correspondence with the grants office.

5. What is the difference between my assigned Project Officer and my Grants Management Specialist?
Your Project Officer works in ACL/AoA’s program office and your Grants Management Specialist works in ACL’s grants office. Therefore, you should contact your assigned Project Officer for all programmatic issues and contact your assigned Grants Management Specialist for all budgetary and administrative issues regarding your grant.

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

Yes. Conference calls are part of the Federal grant monitoring process. They allow grantees to provide program updates and ACL/AoA and Resource Center staff to provide technical assistance and help ensure success of the grantees in meeting their goals.

7. **How many individuals per grantee organization should attend NCOA’s Resource Centers’ technical assistance annual meeting?**

At least one individual per grantee organization should attend the annual meeting, preferably the Project Director. Additional grantee staff may attend if this was included in the grantee’s approved budget. Representatives of key partner organizations may also attend if they have the funding to support the registration fee and travel costs.

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

NCOA’s Center for Healthy Aging website has a wealth of tools and resources to assist providers in implementing and disseminating evidence-based health promotion programs. A number of tools and resources shared by grantees and other partners are available, so no need to “re-invent the wheel.” Materials include: sample MOUs, conference agendas, implementation guides, learning modules, policy toolkits, and fidelity checklists. The site also includes marketing and recruitment materials, with a menu of template materials that you are encouraged to customize and use. Additionally, a Falls Prevention Grantee Resources page is available to help falls grantees with reporting and other administrative functions of their grant.

Please note these particular resources:

- **2015 Falls Free® National Falls Prevention Action Plan**: An evidence based consensus document, which provides a clear roadmap on how to reduce falls.
- **Evidence-Based Falls Prevention Programs**: Descriptions of evidence-based community programs for falls prevention and additional links for more information about these programs.
- **A Practical Guide to State Coalition Building to Address a Growing Public Health**: A compendium of practical tools, resources, and strategies to assist state falls prevention coalition building efforts.
- **The National Evaluation Guidelines** and the Falls Free® Logic Model to help state coalitions measure their impact.
o **State Policy Toolkit for Advancing Falls Prevention**: This toolkit is designed to assist states and communities to promote awareness and effect systems change through policy changes and the engagement and education of stakeholders and key organizations.

o **Sustainability Resources**: These resources provide a framework, key factors, and strategies for evidence-based program sustainability.

o **Business Planning as a Tool for Financial Sustainability webinar**: This webinar describes building relationships with potential funders; using business planning tools to seek external resources; providing key marketing messages for potential funders; and sharing challenges/lessons learned in implementing business/financial sustainability plans.

o **Map of Partners & Programs**: An interactive map of state coalitions to promote engagement and collaboration among state coalitions, grantees, and others; falls information includes state coalition descriptions and state-specific falls injury profiles.

o Annual **Falls Prevention Awareness Day** (FPAD) Resources. The 2016 FPAD event was observed on September 22, 2016, with the theme: *Ready, Steady, Balance: Prevent Falls in 2016*. State coalitions observed FPAD by engaging in a variety of exciting awareness, screening, education, and advocacy activities, as well as referrals to community-based falls prevention programs. The summary of FPAD 2016 state and local activities can be found in “A Compendium of State and National Activities.”

o **CIHC Tool Kit**

o **Best Practices Tool Kit**

o **Consumer Resources**, including:
  - [6 Steps to Prevent a Fall Infographic](#)
  - [6 Steps to Prevent a Fall Video](#)
  - [Debunking the Myths about Older Adults and Falls](#)

o **NCOA’s SimpleList**: Grantees are encouraged to join NCOA’s online falls prevention community. The community allows for professionals to engage in discussions through a listserv. To register, email [fallsfree@ncoa.org](mailto:fallsfree@ncoa.org) and request to join the falls prevention Simplelist community.

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### B. PROGRAM ISSUES

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

As mentioned in the Funding Opportunity Announcement, this grant program is designed to increase the number of older adults and older adults with disabilities who participate in evidence-based community programs to reduce falls and falls risk while also increasing the sustainability of such programs through innovative funding arrangements. The overarching goals for the States and Tribal Communities are:

**States’ Goal 1:**
Significantly increase the number of older adults and adults with disabilities at risk for falls who participate in evidence-based community programs to reduce falls and falls risks; and,

**States’ Goal 2:**
Assure long-term sustainability of fall prevention programming by: 1) Embedding the programs into
an integrated evidence-based program hub, 2) Identifying long term supportive partnerships, and 3) Securing contracts to generate revenue.

Tribal Communities’ Goal 1:
Significantly increase the number of American Indian, Alaskan Native and Native Hawaiian older adults at risk of falls who participate in evidence-based community programs to reduce falls and falls risks.

Tribal Communities’ Goal 2:
Implement innovative funding arrangements, including contracts, partnerships, and collaborations with one or more sustainability partners to support these evidence-based falls prevention programs in the tribe, during and beyond the grant period.

2. What is an integrated, sustainable evidence-based prevention program network?

As discussed in the Funding Opportunity Announcement, an integrated, sustainable evidence-based prevention program network is defined as a state or tribal level approach towards providing older adults and adults with disabilities with easy access to multi-faceted, evidence-based prevention programs and strategies. A sustainable network includes:

1) Sustainability strategies including, but not limited to, a business plan with clear strategies, contracts, and/or other means to secure and expand sustainable financing.

2) State-level leadership and involvement including aging, public health, Medicaid, and State Coalitions on Fall Prevention (and for tribal grants, this may include involvement with Indian Health Service programs such as Falls Prevention, Public Health Nurses, Health Educators, Community Health Representatives, and Safety and Sanitation Divisions; with the Department of Housing and Urban Development and Tribal Housing Authorities; with the Bureau of Indian Affairs; and other appropriate tribal or local entities).

3) Strategic partnerships with other government or community-based organizations involved in falls prevention programs and multi-site delivery system partners with capacity to embed programs into their routine operations (and for tribal grants, this may include strategic partnerships with other tribal or federal government or community-based organizations involved in falls prevention programs and multi-site delivery system partners with capacity to embed programs into their routine operations, e.g., through a tribe’s Senior Program or Community Health Representative program).

4) A delivery infrastructure/capacity to increase access to evidence-based prevention programs within the state/tribe.
5) Coordinated public awareness, education, marketing, and recruitment processes.
6) Ongoing quality assurance efforts including fidelity and performance monitoring, and data collection on outcomes.

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

ACL/AoA is defining an older adult as an individual aged 60 and older.

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

Consistent with the definition of disability in the Older Americans Act (42 U.S.C. §3002(8)), ACL/AoA defines an adult with a disability as one who has a developmental, physical, and/or mental impairment that results in substantial functional limitation in one or more major life activities, including self-care, communication, learning, mobility, capacity for independent living, self-direction, economic self-sufficiency, cognitive functioning, or emotional adjustment. ACL/AoA considers any participant to meet this definition if they respond “YES” to the Participant Information Survey question, “Are you limited in any way in any activities because of physical, mental, or emotional problems?”

5. **What is a business plan?**

A business plan is a management tool to guide the process of planning for financial sustainability and assist in seeking support from other organizations. Business plans can be used to articulate program goals and objectives, substantiate organizational capacity, explain program operations, and to provide documentation of potential benefits and return on investment. For additional information about how to create a business plan, go to: https://www.ncoa.org/center-for-healthy-aging/basics-of-evidence-based-programs/ebhp-business-plan/.

6. **What is a sustainability plan?**

A sustainability plan focuses on the management and acquisition of fiscal and in-kind resources to expand and maintain programming. For additional resources related to sustainability, go to: https://www.ncoa.org/center-for-healthy-aging/basics-of-evidence-based-programs/offering-evidence-based-programs/sustainability/

7. **What is a quality assurance plan?**

For the purpose of this grant program, quality assurance is an ongoing system for describing, measuring, and evaluating program delivery and grant activities to ensure that participants receive effective, quality services and grant goals and work plan objectives are met. The ideal QA program addresses both: 1) continuous quality improvement and 2) program fidelity. For additional information about developing a QA program, go to: https://www.ncoa.org/resources/cha-module-an-introduction-to-assuring-program-quality/.

8. **What is ACL’s/AoA’s expectation about partnerships, collaborations, and/or contracts with an integrated care entity to provide sustainable funding for falls prevention programs?**
The Funding Opportunity Announcement required that applicants already have proposed plans for partnerships, collaborations, and/or contracts with health care or insurance entities or other innovative arrangements to receive sustainable funding for evidence-based falls prevention programs. Therefore, we expect that you will make it a priority to implement your proposed plans (e.g., from receiving support from a state Medicaid program, accountable care organization, patient-centered medical home, large employer group, health insurance company, etc.). We will be closely monitoring your progress with your proposed/existing sustainability partners.

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

Yes, participants who attended workshops that began before the start of the grant period can be counted as long as the workshop ended after the grant started. For example, participants who attend an eight week A Matter of Balance program that started on June 15, 2017 can be counted for a grant program that began on August 1, 2017.

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

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

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

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

12. What is a “Participant”?
A participant is an individual who attends at least one session of an evidence-based program.

13. What is ACL’s definition of a “Completer”?
For the purposes of this grant program, ACL is typically defining a completer as an individual who attended at least 60% of the possible sessions in a particular program, excluding any Session Zero classes. The definition of a completer for Tai Chi for Arthritis is 16 hours of in-class Tai Chi.
14. What is a Session Zero?

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

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

In limited circumstances to meet programmatic goals, you may use some non-cash incentives. Cash incentives are not allowable. Gift cards in very small denominations ($1-$10) signed for and properly accounted for can be an option. However, we do not recommend this approach for sustainability reasons. You should have a compelling need and evidence as to why it is necessary to use incentives and be clear about how this practice can be maintained after the grant period. You should weigh your programmatic resources and fiscal costs against your ability to meet the targeted number of program participants/completers. From a fiduciary perspective, every cost in the grant must meet the Federal Cost Principles (see OMB Circular A-87), which include being reasonable, allowable, and allocable. Additionally, from a programmatic perspective, grant expenditures should be developed within the context of sustainability.

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

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

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

It is allowable to pay direct service costs including salary, honorariums, and expenses as part of start-up costs. However, the intent of this grant program is to embed the program into the ongoing operations of the delivery system partners. Part of the sustainability planning efforts should be to develop strategies that will cover personnel costs. We do not encourage the use of “stipends,” since that terminology is usually reserved for payments to students as part of an internship.

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

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

19. Who do I contact if I have a question regarding program licensing?

Please contact the program administrator/developer with licensing questions.

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

Please refer to the Tai Chi guidance documents which can be found at the following links:

- Tai Chi Quan: Moving for Better Balance
- Tai Chi for Arthritis
- YMCA Moving for Better Balance

C. PERFORMANCE MONITORING AND REPORTING

1. What data do we need to collect and report on our programs and participants?

This cooperative agreement requires the use of Office of Management and Budget (OMB) approved data collection tools.

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

- A Host Organization Information Form will be completed by a staff person at each new organization sponsoring classes. ACL/AoA will use this data on program locations to map the delivery infrastructure, identify types of agencies involved in program delivery, and monitor changes in delivery capacity.

- Program Data Collection Tools are paper tools used to collect information at each program:
  - Leaders/instructors/coaches must complete a Program Information Cover Sheet and an Attendance Log. This information documents the location of the program, type of program, and the number of participants who completed the program.
  - Participants will complete a Participant Information Form (English, Spanish, and Chinese) and a Post Program Survey (English, Spanish, and Chinese) on a voluntary basis. The Participant Information Form documents demographic and health characteristics, including age, gender, race/ethnicity, types of chronic condition(s), disability status, and education level. It also assesses a baseline for some key outcome variables, which will be re-assessed in the Post Program Survey, including falls self-efficacy, falls and injury rates, fear of falling, and interference with social activities.
Within 30 days after the end of each program, local data entry staff/survey coordinators should enter the information on the following paper forms into the National Falls Prevention Database: Program Information Cover Sheet, Participant Information Forms, Post Program Surveys, and Attendance Log. See FAQ D.1. for information on how to access this online system.

2. What are other reporting requirements for this grant?

The following reports are required for this grant:

- **Prevention and Public Health (PPHF) Report:** Recipients of awards funded through the Prevention and Public Health Fund (which include this grant program) must report on use of these funds on a semi-annual basis within 20 days after the end of each reporting cycle (January 1 – June 30 and July 1 – December 31).

The report includes a brief summary of the major activities undertaken and any sub-grants or sub-contracts awarded (including the purpose of the award and the identity of the sub-recipient). Information from these reports is made available to the public on [http://www.hhs.gov/open/recordsandreports/prevention/announcements.html](http://www.hhs.gov/open/recordsandreports/prevention/announcements.html). Grantees must use the standardized template for these reports. The template and directions are available at: [http://www.ncoa.org/assets/files/doc/PPHF-Falls-REPORT-TEMPLATE.docx](http://www.ncoa.org/assets/files/doc/PPHF-Falls-REPORT-TEMPLATE.docx).

You must upload your report into GrantSolutions ([www.grantsolutions.gov](http://www.grantsolutions.gov)). Also email a copy to: (1) your assigned ACL/AoA Program Officer and (2) Binod Suwal at NCOA ([binod.suwal@ncoa.org](mailto:binod.suwal@ncoa.org)) no later than 20 days after the end of each reporting period (i.e., July 20 and January 20, respectively). The reports must be submitted in a 508 compliant format; do not make any changes in the template format (e.g., changes in font, underline, caps, bold, etc.).

- **Semi-Annual Program Progress Report:** This report must be completed by the grantee project director within 30 days after the end of each six month period and submitted to ACL/AoA online into GrantSolutions ([www.grantsolutions.gov](http://www.grantsolutions.gov)). Also email a copy to: (1) your assigned ACL/AoA Program Officer and (2) Binod Suwal at NCOA ([binod.suwal@ncoa.org](mailto:binod.suwal@ncoa.org)). These reports enable ACL/AoA to monitor grantee performance, identify program implementation issues and possible technical assistance needs, as well as identify successes and best practices. The standardized format will facilitate uniform data collection and easier compilation of reports.

The grantee progress report includes both a quantitative and qualitative section. Instructions and a template form are in the [Grantee Resources section](http://www.ncoa.org/GranteeResources) of NCOA’s National Falls Prevention Resource Center website.

Part of the grantee progress report is a required Appendix that provides quantitative information, such as the number of participants and completers. The quantitative section of the report will be pre-populated with the data entered into the National Falls
Prevention Database for the respective reporting period. Prior to completing your grantee progress reports, you should download the quantitative section from the National Falls Prevention Database at www.ncoa.org/fallsdata. After logging on to the reporting system, navigate to: State/Tribal Reports> Additional Reports. Under the heading Grantee Semi-Annual Program Progress Report, select the appropriate reporting period to access the report. Contact falls_data@ncoa.org if you have any questions.

- **Financial Status Report (SF-425):** All 2014, 2015, 2016, and 2017 grantees are required to submit an annual Financial Status Report (SF-425) as denoted in the Notice of Award. The form can be accessed here.

- **Final Program Progress Report:** Final Reports are due within 90 days of the project’s completion date and must follow a standardized ACL template, available at here.

You can access a reporting calendar detailing report types and due dates:
- 2014 Grantee Reporting Calendar
- 2015 Grantee Reporting Calendar
- 2016 Grantee Reporting Calendar
- 2017 Grantee Reporting Calendar

3. **Where can we get more information on using GrantSolutions?**

For additional resources about using Grants Solutions go to: https://www.acl.gov/grants/managing-grant.

4. **Can we obtain additional data?**

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

D. **NATIONAL FALLS PREVENTION DATABASE (WEB-BASED REPORTING SYSTEM)**

1. **How do we access the web-based reporting system?**

Grantees should request access to the National Falls Prevention Database by emailing falls_data@ncoa.org.

2. **What are the user fees for the National Falls Prevention Database?**

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

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

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

Yes, you may do so. However, to be considered an evidence-based program, for instance the Tai Ji Quan program must be offered at least twice a week for 48 hours or more and it is important to understand the intervention dose of any of the falls programs. Monitoring completion/retention rates is also an important quality assurance and program monitoring tool. Therefore, we strongly encourage you to work diligently with your partners to obtain this attendance data. Review the instructions in the National Falls Prevention Database User Guide regarding how to enter partial data for a program. See FAQ D.8. below for information on accessing the User Guide.

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


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

Yes.

6. **When entering participant demographic data, there is no option for selecting “none” as a response to the question regarding chronic conditions. How do we enter this in the online system?**

If someone marks “none” for chronic conditions, you will leave the chronic conditions item blank on the online data entry screen. Such responses will be counted as persons reporting no chronic conditions.

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

Email [falls_data@ncoa.org](mailto:falls_data@ncoa.org) with information about the record you need to delete or merge.
8. If I have other questions about the National Falls Prevention Database, how can I get more help?

A National Falls Prevention Database User Guide can be read online or downloaded and printed from the National Falls Prevention database at www.ncoa.org/fallsdata. It is available from within the database environment, accessible once you log into your account. This User Guide should address most common questions that arise. If you have any additional questions, email falls_data@ncoa.org.

E. GRANT ADMINISTRATIVE/MANAGEMENT ISSUES

1. How many years is this cooperative agreement funded?

The 2014 funding for this opportunity is for two years, from September 1, 2014 to August 31, 2016. The 2015 funding is also for two years, from August 1, 2015 to July 31, 2017. The 2016 funding is also for two years, from August 1, 2016 to July 31, 2018. The 2017 funding is for three years, from August 1, 2017 to July 31, 2020. These are forward funded grants, meaning that they are fully funded upfront for their respective two or three year project and budget period.

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

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

3. Can we incorporate additional falls prevention programs that were not included in the funded proposal?

If you are referring to additional programs beyond what was proposed in your application, this would be a change in the scope of work and must be discussed in advance with your Project Officer. You must have a rationale for making this type of change. After both you and your Project Officer agree on the change, you must document this in writing.

4. Do we need to include a standardized acknowledgement anywhere that our products are being supported by ACL/AoA funding?
Yes. All ACL/AoA discretionary grantees MUST include this disclaimer on the first page or preface of all documents and web pages produced, all or in part, with ACL/AoA funding:

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

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

6. **What’s the difference between sub-recipients and vendors?**
   Sub-recipients are defined in Office of Management and Budget guidance as those entities that receive funding from the prime recipient to support the performance of any portion of the substantive project or program for which the prime recipient received funding. The terms and conditions of the federal award are carried forward to the sub-recipient. Vendors are defined as entities that operate in a competitive environment and provide similar goods and services to many different purchasers, and these goods and services are ancillary to the operation of the federal program.

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

8. **In extraordinary circumstances, can a state/tribe use a memorandum of understanding with a private, non-profit organization in place of a contract when that non-profit will be receiving grant funding and managing contracts with local lead organizations?**
   We cannot advise on this situation. The prime recipient must follow their established procurement policies and procedures which must be compliant with the basic Federal requirements established in the applicable Code of Federal Regulations associated with their award terms and conditions. If a grantee deviates from the normal procurement process, then the relationship could be questioned in an audit review.
9. **How much of my budget can I revise without seeking prior ACL/ AoA approval?**

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

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

Grant funds may not be used for meals. The cost of providing snacks during Falls programs or partner/leader events is an allowable expense. However, we strongly encourage grantees to find partners and implementation sites or other funding sources to provide refreshments or support these expenses. They should also determine if this expense will help or hinder their ability to achieve their target number of program completers and other grant goals. From a fiduciary perspective, every cost in the grant must meet the Federal Cost Principle guidelines. Each cost must be reasonable, allowable, and allocable. Additionally, from a programmatic perspective, grant expenditures should be developed within the context of sustainability.

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

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

12. **Can a grantee request a no-cost extension if it has not spent its entire funds by the closing date of the grant?**

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

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

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