



Fall Prevention Grant Proposal Template

Please use this guide to help prepare for the 2024-2025 **NEW** Fall Prevention Grant program provided by the ATSPA.

Questions:

1. What is the title of the proposed fall prevention project?
2. What is the funding amount requested? (**\$10,000.00** is the maximum amount that can be requested)
3. Who is the grant check payee? (please provide to whom the grant check should be made payable)
4. What are the **three** detailed, measurable objectives of the proposed fall prevention project?
5. What is the background information, local or hospital data, and evidence that will support your fall prevention project? Include how your project is evidence-based or evidence-informed.
6. What are the details of your fall prevention outreach? How will you deliver the outreach? Are there other organizations you are partnering with to complete your project? If yes, please provide the organization's name and how they are participating in this project. Does this project include any in-kind donations? (Education must always be provided when distributing fall prevention safety items.)
7. Who is the target audience for this fall prevention project?
8. What is the estimated number of people who will be impacted by this project?
9. Does your project focus on a high-risk, historically underserved, or under-resourced population?



10. What is the geographic area for this project? Why have you chosen this area?
11. What is the timeline for this project? (Please list the anticipated dates of your project.)
12. Based on your background data and planned outreach, what are your anticipated results for this project?
13. How will results be measured/evaluated?
14. Please upload your proposed line-item budget.