**Evidence-based Health Promotion - Request for Proposals**

Submissions by email, fax, US Postal Service by September 1st, 2015\*

The Division of Aging and Adult Services administers funds from the federal Older Americans Act to support a broad array of programs and activities that assist older adults in promoting their health and wellness. This is known as Title IIID funding. This funding is made available to the Area Agencies on Aging and can be used either internally or under contract with local provider agencies for the delivery of services.

In fiscal year 2015/2016, all Title IIID Health Promotion funds are used for AoA approved evidence-based programming. A partial list of these programs is below and a complete list of approved programs is attached as a separate document:

A Matter of Balance (MOB)

Arthritis Foundation Exercise Program

Better Choices, Better Health – Chronic Disease (*online Chronic Disease Self-Management Program/ CDSMP*)

Brief Intervention & Treatment for Elders (BRITE)

Care Transitions Intervention (CTI)

Chronic Disease Self-Management Program (CDSMP/Living Healthy)
Chronic Pain Self-Management Program (CPSMP)
Community Stress Busting Program for Caregivers

Diabetes Self-Management Program (DSMP/Living Healthy with Diabetes)

Fit and Strong!

Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors)

HomeMeds

Programa de Manejo Personal de la Artritis (Spanish Arthritis Self-Management Program)

Resources for Enhancing Alzheimer’s Caregiver Health II (Reach II)

Stepping On

Strong for Life

Tai Chi: Moving for Better Balance

Tomando Control de su Salud (Spanish Chronic Disease Self-Management Program)

Walk with Ease (group program and self-directed program)

Awards of up to $700 for the first half of fiscal year 2015/2016 will be offered to coordinate, promote and offer one or more of the approved evidence-based health promotion programs in Madison, Buncombe, Henderson and/or Transylvania counties. Please see application on page 2.

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Name of Organization:

Address:

Contact Person:

Telephone:

Email address:

**What evidence-based program(s) do you plan to offer?**

Please answer the questions below as applicable

Number of programs anticipated from Present – December 30, 2015:

Number of participants intended to reach:

Geographical region that you plan to serve / counties:

Specific site locations as examples:

**Budget** (Up to $777 with 10% match included)

**Budget can also be attached and line items can be other than what is below**

Total amount requested:

Hourly rate for professional time:

Supplies:
Travel:

Other (please describe briefly):

Who holds the license you are practicing under?

**Plan of Action**

Briefly describe your plan of action including main collaborators and marketing / promotional strategy: (please feel free to create more space here)

**Program Fidelity**

Provide a brief description (1 page or less) of the program you plan to offer, including fidelity guidelines: (please feel free to create more space here)

Provide a copy of your current certification as a program facilitator with completed application

**Required Match** A 10% local match is required for Title IIID Health Promotion funds for example if $1,000 is awarded divide this number by .9 for the total project amount ($1,111) and then multiply by .1 to determine match ($111.11) Please note: charging consumers for programing funded Title IIID funding is not permitted but consumer contributions (donations) are encouraged to augment funds if no one is turned away for a lack of ability to pay.

\*Please complete and return this request for proposal to Stephanie Stewart by email, fax or U.S. Postal Mail at Land-of-Sky Regional Council, 339 New Leicester Hwy, Suite 140, Asheville, NC 28806 or fax to (828)251-6353 or email to stephanie@landofsky.org