**Evidence-Based Program Application**

**Letter of Intent**

**DUE March 20th, 2020**

The purpose of the [Evidence-Based Program Review Process](https://www.med.unc.edu/tarc/research/clinical-and-epidemiological-science-1/acl-health-promotion-evidence-based-program-review/) is to identify new community programs that meet the criteria established by the Administration for Community Living/Administration on Aging (ACL) for evidence-based programs funded through the Older Americans Act (OAA) Title III-D. It is important to note that Title III-D criteria specifically addresses older adults, but programs submitted through this process may address older adults and/or adults with disabilities. Criteria and operationalizing recommendations for the criteria are available [here](https://www.med.unc.edu/tarc/research/clinical-and-epidemiological-science-1/acl-health-promotion-evidence-based-program-review/acl-evidence-based-criteria/).

The University of North Carolina at Chapel Hill (UNC) oversees the program review process in partnership with the Evidence-Based Leadership Collaborative (EBLC). UNC and EBLC have established a Review Council to assess whether applicants meet the ACL Title III-D criteria for evidence-based programs. The Review Council consists of national leaders with expertise in program research, evaluation, and implementation. This process is supported by the National Chronic Disease Self-Management Education and Falls Prevention Resource Centers, funded by the Administration for Community Living, U.S. Department of Health and Human Services through Prevention and Public Health Funds (Grant numbers: 90CS0058 and 90FP0023).

If you intend to submit an application for the evidence-based program review, please complete the information below and submit to ecschnei@email.unc.edu by March 20th, 2020.

**Contact Information**

Program Title:

Name of Primary Point of Contact:

Contact’s Email Address:

Address:

Website (if available):

Alternative Contact and Email Address:

**Program Category**

**Please note that there is a Stage 1 application for falls prevention programs and a separate Stage 1 application for all other health promotion and disease prevention topics. Please indicate whether you will be applying as a falls prevention program OR a health promotion/disease prevention program:**

[ ] Falls Prevention

[ ] Health Promotion and Disease Prevention

**If application is for a health promotion and disease prevention program, please indicate the primary topic area of your program:**

[ ] Alcohol and Other Substance Abuse

[ ] Alzheimer’s Disease

[ ] Arthritis

[ ] Behavioral Health

[ ] Cancer

[ ] Cardiovascular Disease

[ ] Chronic Kidney Disease

[ ] Chronic Lung Disease

[ ] Diabetes

[ ] Hypertension

[ ] Medication Management

[ ] Nutrition

[ ] Oral Health

[ ] Physical Activity

[ ] Self-Management

[ ] Smoking

[ ] Other—Write In\_\_\_\_\_\_\_\_

Brief program description (250 word limit):

After your letter of intent is received, you will receive the link to the online Stage 1 application.

Thank you for your interest in applying for the evidence-based program review process!