

Centers for Disease Control and Prevention

National Center for Injury Prevention and Control Extramural Research Program Office

The CDC National Centers of Excellence in Youth Violence Prevention (YVPCs): Rigorous Evaluation of Prevention Strategies to Prevent and Reduce Community Rates of Youth Violence

RFA-CE-21-005

Application Due Date: 04/21/2021

The CDC National Centers of Excellence in Youth Violence Prevention (YVPCs): Rigorous Evaluation of Prevention Strategies to Prevent and Reduce Community Rates of Youth Violence

RFA-CE-21-005

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Part 1. Overview Information

Participating Organization(s)

Centers for Disease Control and Prevention

Components of Participating Organizations

National Center for Injury Prevention and Control

Notice of Funding Opportunity (NOFO) Title

The CDC National Centers of Excellence in Youth Violence Prevention (YVPCs): Rigorous Evaluation of Prevention Strategies to Prevent and Reduce Community Rates of Youth Violence

Activity Code

Applications in response to this Notice of Funding Opportunity (NOFO) will be funded using the U01 activity code for a research cooperative agreement.

Notice of Funding Opportunity Type

New

Agency Notice of Funding Opportunity Number

RFA-CE-21-005

Assistance Listings (CFDA) Number(s)

93.136

Category of Funding Activity:

Health

NOFO Purpose

The Centers for Disease Control and Prevention's (CDC) National Center for Injury Prevention and Control (NCIPC or Injury Center) is soliciting research proposals to expand the evidence base for the primary prevention of youth violence. The purpose of this announcement is to fund the National Centers of Excellence in Youth Violence Prevention (Youth Violence Prevention Centers or YVPCs) to continue to build the evidence-base for violence prevention strategies and approaches that reduce community rates of youth violence within one or more geographically defined communities with high rates of youth violence. Applications for YVPCs supported under this announcement must describe 5 core elements: (1) an administrative infrastructure to support implementation, evaluation, and dissemination activities; to foster necessary local collaborations to achieve the YVPC's goals; and to work with other funded YVPCs as part of the YVPC Network; (2) the selected community or set of communities with high rates of youth violence as the focus of all proposed YVPC activities; (3) a rigorous evaluation of at least two distinct prevention strategies related to at least two of the four research areas outlined in this NOFO that are designed to reduce community rates of youth violence in the selected community or set of communities; (4) a youth advisory council to provide input on the selection, implementation, and evaluation of youth violence prevention strategies; and (5) integrated training activities for early career and junior researchers in youth violence prevention to complement the implementation, rigorous evaluation, and scholarship activities of the YVPC.

Key Dates

Publication Date: **To receive notification of any changes**

	to RFA-CE-21-005, return to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notification Emails" link. An email address is needed for this service.
Letter of Intent Due Date:	**02/05/2021**

A Letter of Intent is requested by February 5, 2021. Although a letter of intent is not required, is not binding, and does not enter into the review of a subsequent application, the information that it contains allows NCIPC staff to estimate the potential review workload and plan the review.

Application Due Date: **04/21/2021**

Applications are due April 21, 2021 at 5:00PM EST. Please carefully review and follow the instructions in *Section IV. Application and Submission Information 9. Submission Dates and Times* in order to ensure timely receipt of your application by April 21, 2021 at 5:00PM EST.

On-time submission requires that electronic applications be error-free and made available to CDC for processing from the NIH eRA system on or before the deadline date. Applications must be submitted to and validated successfully by Grants.gov no later than 5:00 PM U.S. Eastern Time. Applications must be submitted using the Application Submission System & Interface for Submission Tracking (ASSIST) module which is a web-based service used for the preparation and submission of grant applications to CDC through Grants.gov. ASSIST provides the ability for applicants to prepare their applications online, and offers the applicant additional capabilities including the ability to preview the application image, validate the application against required business rules, and prepopulate data from an applicant organization's records, therefore identifying issues earlier in the application submission process.

Note: HHS/CDC grant submission procedures do not provide a grace period beyond the application due date time to correct any error or warning notices of noncompliance with application instructions that are identified by Grants.gov or eRA systems (i.e., error correction window).

Scientific Merit Review: **06/22/2021**

This is an estimated date.

Secondary Review: **08/16/2021**

This is an estimated date.

Estimated Start Date: **09/30/2021**

Expiration Date: **06/15/2021**

Due Dates for E.O. 12372: **Due no later than 60 days after the application receipt date.**

Required Application Instructions

ELECTRONIC APPLICATION SUBMISSION VIA ASSIST IS PREFERRED

It is recommended that applicants use ASSIST for the electronic preparation and submission of

applications through Grants.gov to CDC. ASSIST is an alternative method to prepare and submit applications, and provides many features to facilitate the application submission process which improves data quality (e.g., pre-population of organization data, pre-submission validation of business rules, and preview of the application image used for review). Use of the Grants.gov downloadable Adobe application packages and submission process will still be supported.

It is critical that applicants follow the instructions in the SF 424 (R&R) Application Guide except where instructed to do otherwise in this NOFO. Conformance to all requirements (both in the Application Guide and the NOFO) is required and strictly enforced. Applicants must read and follow all application instructions in the Application Guide as well as any program-specific instructions noted in Section IV. When the program-specific instructions deviate from those in the Application Guide, follow the program-specific instructions.

Note: The Research Strategy component of the Research Plan is limited to 40 pages.

Applications that do not comply with these instructions may be delayed or not accepted for review.

Pages that exceed page limits described in this NOFO will be removed and not forwarded for peer review, potentially affecting an application's score.

Telecommunications for the Hearing Impaired: TTY 1-888-232-6348

Executive Summary

The Centers for Disease Control and Prevention (CDC) and NCIPC are committed to achieving the health promotion and disease prevention objectives of "Healthy People 2030" and to measuring program performance as stipulated by the Government Performance and Review Act (GPRA). The proposed program of research addresses the Healthy People 2030 priority area of injury and violence prevention and is in alignment with NCIPC's performance goal to conduct a targeted program of research to prevent injuries and violence and reduce their consequences. CDC's NCPIC Research Priorities include research gaps and priorities to address youth violence.[1] The National Centers of Excellence in Youth Violence Prevention (or Youth Violence Prevention Centers; YVPCs) align with these research priorities, including evaluating the effectiveness of prevention strategies that reduce the likelihood of different forms of youth violence. This NOFO will build upon the growing evidence base in youth violence prevention as reflected in CDC's *Comprehensive Technical Package for the Prevention of Youth Violence and Associated Risk Behaviors* and further supports the identification, implementation, evaluation, and dissemination of effective youth violence prevention strategies and approaches for preventing violence experienced by youth.[2] The intent of the NCIPC extramural violence prevention research program is to:

- Build the scientific base for the prevention of violence by helping to expand and advance our understanding of new and innovative strategies for the primary prevention of violence.
- Encourage professionals from a wide spectrum of disciplines including, but not limited to, epidemiology, behavioral and social sciences, medicine, biostatistics, and public

health, and health economics to conduct research that informs violence prevention efforts.

Purpose

NCIPC is soliciting research proposals to expand the evidence base for the primary prevention of youth violence. The purpose of this announcement is to fund the National Centers of Excellence in Youth Violence Prevention (Youth Violence Prevention Centers or YVPCs) to continue to build the evidence-base for violence prevention strategies and approaches that reduce community rates of youth violence within one or more geographically defined communities with high rates of youth violence. Applications for YVPCs supported under this announcement must 5 core elements: (1) an administrative infrastructure to support implementation, evaluation, and dissemination activities; to foster necessary local collaborations to achieve the YVPC's goals; and to work with other funded YVPCs as part of the YVPC Network; (2) the selected community or set of communities with high rates of youth violence as the focus of all proposed YVPC activities; (3) a rigorous evaluation of at least two distinct prevention strategies related to at least two of the four research areas outlined in this NOFO that are designed to reduce community rates of youth violence in the selected community or set of communities; (4) a youth advisory council to provide input on the selection, implementation, and evaluation of youth violence prevention strategies; and (5) integrated training activities for early career and junior researchers in youth violence prevention to complement the implementation, rigorous evaluation, and scholarship activities of the YVPC.

Mechanism of Support

The funding mechanism for this Notice of Funding Opportunity (NOFO) will be a U01 research cooperative agreement.

Funds Available and Anticipated Number of Awards

NCIPC intends to commit approximately up to $6,000,000 in FY 2021 to fund up to five (5) applications. Awards issued under this NOFO are contingent upon availability of funds and a sufficient number of meritorious applications. Because the nature and scope of the proposed research will vary from application to application, it is also anticipated that the size and duration of each award may also vary. The total amount awarded and the number of awards will depend upon the number, quality, duration and cost of the applications received and approved.

Budget and Project Period

The maximum award amount will be $1,200,000 per award for the first 12 month budget period. This includes both direct and indirect costs. An applicant may request a project period of up to five years. The maximum total project funding amount is $6,000,000 (including both direct and indirect costs) over the expected project period length, with a maximum of $1,200,000 per award per year. The project period for this award is expected to run from 9/30/2021 to

9/29/2026.

Throughout the project period, CDC's commitment to continuation of awards will be conditional on the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the Federal government.

Application Research Strategy Length

Page limits for the Research Strategy are clearly specified in *Section IV. Application and Submission Information* of this announcement.

Eligible Institutions/Organizations

Institutions/organizations listed in *Section III. Eligibility Information 1. Eligible Applicants* are eligible to apply.

Eligible Project Directors/Principal Investigators (PDs/PIs)

Individuals with the skills, knowledge, and resources necessary to carry out the proposed research are invited to work with their institution/organization to develop an application for support. NOTE: CDC does not make awards to individuals directly.

Number of PDs/PIs

An application may name more than one PD/PI; their names must appear on the face page of the application. However:

- One (1) principal investigator must be designated as the contact PD/PI for all correspondence related to the application.
- All PD/PIs must include their eRA Commons Identification in the Credential Field of the Senior/Key Person Profile Component of the SF-424 (R&R) Application Package.
- Institutions/organizations proposing multiple PDs/PIs must visit the Multiple Program Director/Principal Investigator Policy and submission details in the Senior/Key Person Profile (Expanded) Component of the SF-424 (R&R) Application Guide.

Number of Applications

Eligible applicant organizations may submit more than one application to this NOFO, provided that each application is scientifically distinct. However, applicant institutions can submit only one application with the same contact PD/PI. Only one application per contact PD/PI will be funded under this announcement. If two or more applications from the same contact PD/PI are received for this NOFO, the only application that will be submitted for review will be the last

application received based on the document's time and date stamp in Grants.gov (http://www.grants.gov). The applicant must ensure that duplicate applications are withdrawn prior to the application review date. Additionally, applicant institutions submitting applications with essentially the same proposed research to two or more CDC/ATSDR NOFOs will not be funded under more than one NOFO.

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Application Type. NEW

Special Date(s)

A pre-application teleconference call will be conducted on January 27, 2021 to address questions from prospective applicants regarding NOFO RFA-CE-21-005, *The CDC National Centers of Excellence in Youth Violence Prevention (YVPCs): Rigorous Evaluation of Prevention Strategies to Prevent and Reduce Community Rates of Youth Violence*. The call will begin at 12:00 PM Eastern Standard Time (EST) and end at 1:00 PM Eastern Standard Time (EST), or sooner if all questions are addressed. Questions and answers from the discussion will be included in an amended NOFO approximately 3 weeks after the call.

Participant Access Information:

- Call Date: January 27, 2021
- Call Start Time: 12:00 PM Eastern Standard Time (EST)
- Call End Time: 1:00 PM Eastern Standard Time (EST)
- Call Leader: Susan Neurath, PhD, Scientific Program Official
- Toll-Free Number: 1-866-600-6035
- Passcode: Use Passcode 23198543# when prompted

Application Materials: See Section IV.1 for application materials.

Part 2. Full Text

Section I. Funding Opportunity Description

Statutory Authority

Section 301 (a) [42 U.S.C. 241(a)] of the Public Health Service Act, and section 391 (a) [42 U.S.C. 280 b(a)] of the Public Service Health Act, as amended.

1. Background and Purpose

Background

Youth violence is a critical public health issue that has significant short- and long-term negative impacts on youth, their families, and their communities. Homicide, for example, was the third leading cause of death in 2018 for young people aged 10-24 years in the United States (U.S.).[3] In 2018, more than 400,000 young people aged 10-24 were treated in emergency departments for nonfatal physical assault-related injuries. Moreover, in 2019, approximately 22 percent of U.S. high school students reported being in at least one physical fight during the prior year.[4] Youth violence negatively impacts the young person, their family, the community where they live, and society by increasing heath care costs and limiting opportunities for youth and their communities to thrive. Youth homicides and nonfatal physical assault-related injuries result in more than $20 billion annually in combined medical and lost productivity costs alone.[3] This is an underestimate of the true financial burden of youth violence, as it does not include costs associated with the criminal justice system, psychological and social consequences for victims, perpetrators and their families, or other costs incurred by communities.

CDC's YVPCs have significantly advanced the science and practice of youth violence prevention to demonstrate that communities can stop youth violence before it starts. The YVPCs' innovative research and community partnerships are strengthened by multidisciplinary teams (e.g., epidemiology, behavioral and social sciences, medicine, public health, community development, community health psychology, communications and marketing, private industry, community-based organizations, faith-based organizations, and community members). These teams work closely with many sectors (e.g., public health departments, schools, law enforcement, faith-based organizations, community members, youth) to develop, implement, and rigorously evaluate prevention strategies in communities experiencing high rates of youth violence. The YVPCs serve as national models and provide guidance to communities across the country to prevent violence. The multi-disciplinary YVPCs that work closely with community partners and conduct cutting-edge research also provide critical environments to train the next generation of youth violence prevention researchers. More information about the YVPCs is available at: https://www.cdc.gov/violenceprevention/youthviolence/yvpc/index.html.

Youth are recognized as integral and interested community partners and have been shown to add considerable value to the development and implementation of youth violence prevention strategies.[5] As such, it is imperative to engage youth living in communities with high rates of youth violence to ensure that implemented youth violence prevention strategies are culturally informed and relevant to unique community characteristics. Youth engagement approaches can also build the collective capacity of youth to challenge and transform community institutions to promote social and economic justice. Thus, engaging youth as respected and culturally competent advisers regarding the selection, development, implementation, and evaluation of youth violence prevention strategies may build protective factors across the social ecology and improve community conditions that contribute to youth violence.

The YVPCs partner with communities, including communities of color, that experience concentrated disadvantage and inequities in risks for youth violence. For more than four

decades, homicide has been the leading cause of death among non-Hispanic black youth aged 10-24, and in 2018, was the third leading cause of death for non-Hispanic American Indian/Alaskan Native and Hispanic youth in this age group.[3] Prevention strategies that address social and structural conditions offer the potential to ameliorate the root causes of health and violence-related inequities (e.g., concentrated disadvantage, disinvested communities, poverty, limited educational opportunities, unemployment). The conditions in which people are born, grow, live, work and age contribute to health inequities, including the unfair and avoidable differences in health status seen across population groups. Rigorous evaluations to determine the effectiveness of violence prevention programs, policies, and practices that address social and structural conditions contributing to health inequities in communities with high rates of youth violence and that specifically focus on youth aged 10-24 years are needed to reduce the negative consequences of these inequities.

Thousands of youth receive treatment in emergency departments for violence-related injuries each day, and a substantial proportion of these youth experience a subsequent violence-related injury, perpetrate violence against others, or premature death.[6] Homicides among youth are primarily the result of a firearm-related injury. For instance, firearm homicides accounted for 89% of all youth homicides in 2018.[3] Profound disparities in homicide and nonfatal violent injury rates also exist across racial and ethnic groups. For example, in 2018, compared to non-Hispanic white youth, the rate of firearm homicide was nearly 16 times higher for non-Hispanic black youth, four times higher among non-Hispanic American Indian/Alaskan Native youth, and three times higher among Hispanic youth.[3] Additional prevention strategies are needed to specifically reduce the risk of homicide and severe violence-related injuries among these groups. In 2013, the Institute of Medicine (IOM) published research priorities to reduce the threat of firearm-related violence, including key topics for prevention research (e.g., improve understanding of whether interventions intended to diminish the illegal carrying of firearms reduce firearm violence).[7] Strategies to reduce youth's risk for homicide and potentially lethal injury can focus on addressing key risk factors, such as gang activity and youth affiliation with gangs, rates of substance use and drug trafficking, unsupervised firearm access, prior involvement in injurious violence, and retaliatory attitudes and norms.

Emergency departments are increasingly implementing prevention interventions for violently injured youth and demonstrating effectiveness in reducing subsequent youth violence, crime, and associated risk factors (e.g., Caught in the Crossfire, SafERteens, Project SYNC).[8-12] These programs vary in their approaches with some offering brief interventions in the emergency department and others partnering with community-based organizations to provide critical wrap-around services. Many implemented hospital-based programs have not been rigorously evaluated for their impact on community rates of youth violence. Hospital-based violence prevention programs, while individual-level interventions, could potentially reduce community rates of violence.[13,14] Although relatively few individuals perpetrate the majority of violence in communities, these individuals may be more likely to be treated in an emergency

department for violence-related injuries.[15-17] Research evaluating the effectiveness of implemented hospital-based programs not yet rigorously assessed for their impact on youth violence is needed. Additionally evaluating the impact of evidence-based programs when implemented at scale within a community or communities with high rates of youth violence could confer important knowledge about strategies to reduce community rates of youth violence.

Innovation is also needed in how violence prevention strategies are implemented. Online platforms have the potential to exacerbate or reduce the risk of multiple forms of youth violence ,[18] including fighting, retaliatory violence, weapon carrying, gang violence[19-22] and cyberbullying/bullying[23]; thus, research is needed to determine whether these platforms could be leveraged to help prevent youth violence. Evidence-based youth violence prevention strategies designed for the physical world could be adapted for online implementation and evaluated for their impact on community rates of youth violence. For example, innovative approaches to identify and disrupt escalating online violence and subsequent transmission of this violence from online platforms to the physical world could include digital interventions based on existing street outreach and bystander intervention techniques. Similarly, existing bullying prevention models could be adapted to online platforms to prevent cyberbullying and bullying in the physical world. New prevention strategies are also needed. For instance, research indicates that gang-related violence is closely linked to the social media activities of gang members.[24,25] The FBI's National Gang Intelligence Center reports that gangs use the internet to intimidate others, recruit members, showcase illegal activities, coordinate and defend their gang's reputation, coordinate assaults, and promote other illegal activities,[25] but effective online gang violence prevention strategies are not yet available. Therefore, additional research is needed to determine the effectiveness of adapted and novel prevention approaches implemented online to reduce violence burden in both the online and physical worlds.

For the purpose of this announcement, the following terms and concepts are defined as followed:

- *Youth violence* is defined as the intentional use of physical force or power, threatened or actual, exerted by or against youth ages 10-24, which results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation. It includes violence between individuals or groups who may or may not know each other. It frequently takes place outside the home, in the streets, or in institutional settings, such as schools and workplaces.
  • *Primary prevention* of youth violence seeks to prevent youth violence before it occurs.
  • *Community* is defined as any defined population with shared characteristics, risk/protective factors, and potential for exposure to a prevention strategy with corresponding data sources (e.g., neighborhoods, municipalities, hospital or school catchment area, police jurisdictions).
  • A *community with high rates of youth violence* is a community that has multiple

empirically robust risk factors for youth violence and where rates of youth violence are higher than national averages (e.g., juvenile rates of fighting, juvenile arrest rates for violent offenses, homicide rates among youth ages 10-24, emergency department data on violence-related injuries among youth ages 10-24, and school data on disciplinary incidents involving violence).
• *Policy* is defined as a law, regulation, procedure, administrative action, incentive, or voluntary practice of governments and other institutions (see http://www.cdc.gov/stltpublichealth/policy).
• *Social and structural conditions* are those conditions which contribute to health inequities across population groups (e.g., concentrated disadvantage, disinvested communities, poverty, limited educational opportunities, unemployment).
• *Criminal justice strategies* are those that involve or affect the policies, programs, or practices of law enforcement and the criminal and civil courts (e.g., policing, arrest, trial, sentencing, incarceration, mandated intervention and treatment strategies).

This NOFO seeks diversity among applicant institutions, research investigators, and partnering organizations to ensure researcher experience and research outcomes are applicable and beneficial to all communities experiencing high rates of youth violence. Applicant organizations from or collaborating with Minority Serving Educational Institutions (MSIs) representative of and serving the selected community are highly encouraged. MSIs include Hispanic Serving Institution's (HSIs), Historically Black Colleges and Universities (HBCUs), Tribal Colleges and Universities (TCUs), and Alaska Native and Native Hawaiian Serving Institutions, as defined by the U.S. Department of Education. **Meritorious applications from eligible MSIs or eligible institutions collaborating with MSIs may be considered during the second level of review to broaden distribution of awards (see *Section V. Application Review Information 4. Review and Selection Process*).**

Considerations Regarding NOFO Scope:
This NOFO will not support applications that propose to evaluate the following specified strategies, including online or in-person adaptations of these strategies: universal school-based programs, parenting and family relationship programs, Youth Empowerment Solutions (YES), Crime Prevention Through Environmental Design (CPTED) in neighborhoods (e.g., greening, abandoned building/vacant lot remediation), business improvement districts (BIDs), prevention planning systems (e.g., Communities That Care (CTC), Promoting School-Community University Partnerships to Enhance Resilience (PROSPER Partnership Model), and national- and state-level policies [i.e., the earned income tax credit (EITC), Medicaid expansion, and school vouchers]. Applications proposing to evaluate these specified strategies, including online or in-person adaptations of these strategies may not be forwarded for full panel peer review and will not be recommended for funding consideration during the NCIPC second level review (see *Section V. Application Review Information*).

This NOFO will not support applications that propose to evaluate the following prevention strategies without the innovative element specified below:

- Evaluation of a youth violence prevention hospital-based program with established effectiveness (e.g., SafERteens, Project SYNC, Caught in the Crossfire), including adaptations of the existing evidence-based program, without the rigorous evaluation of a scaled multi-hospital implementation of the established hospital-based violence prevention program.
- Evaluation of a prevention strategy to reduce online violence related behavior without also evaluating the effects on community rates of youth violence in the physical world.
- Evaluation of street outreach approaches, bystander interventions, and bullying/cyber-bullying interventions without the inclusion of an online intervention component.

These evaluation approaches without the innovative element described do not meet the scientific intent of this NOFO and are NOT sought in response to this NOFO. Applications without these innovative elements may not be forwarded for full panel peer review and will not be recommended for funding consideration during the NCIPC second level review (see *Section V. Application Review Information*).

Healthy People 2030 and other National Strategic Priorities

CDC's NCIPC within HHS is committed to achieving the health promotion and disease prevention objectives of "Healthy People 2030" and to measuring program performance as stipulated by the Government Performance and Review Act (GPRA). This funding announcement addresses the "Healthy People 2030" priority area(s) of injury and violence prevention and is in alignment with NCIPC's performance goal(s) to conduct a targeted program of research to reduce injury-related death and disability. For more information, see www.healthypeople.gov and http://www.whitehouse.gov/omb/mgmt-gpra/. For additional information about the CDC injury research priorities, see https://www.cdc.gov/injury/researchpriorities/index.html.

Public Health Impact

Youth violence is a significant public health problem with homicides among youth being the third leading cause of death in 2018.[3] This announcement supports YVPCs to collaborate with a community or set of communities experiencing high rates of youth violence to implement and evaluate the effectiveness of prevention strategies designed to reduce rates of youth violence. The work supported by this announcement is likely to impact youth violence in the selected communities as well as produce generalizable knowledge that can help prevent youth violence in other communities.

Relevant Work

NCIPC is the nation's leading public health authority on violence and injury prevention. CDC's approach involves three elements: a focus on prevention, a science-driven approach to identify risk and patterns, and multidisciplinary collaboration to address the problem and keep people safe, healthy, and productive. NCIPC's Division of Violence Prevention (DVP) has developed technical packages to help states and communities take advantage of the best available evidence to prevent violence (https://www.cdc.gov/violenceprevention/pub/technical-packages.html). CDC also developed a document that combines the best available evidence from the

violence prevention technical package that is related to preventing adverse childhood experiences (ACEs) (https://www.cdc.gov/injury/priority/aces.html).

The strategies and approaches in the technical package represent different levels of the social ecology with efforts intended to impact individual behaviors as well as the relationship, family, school, community, and societal factors that influence risk and protective factors for violence. NCIPC's research priorities (https://www.cdc.gov/injury/researchpriorities/index.html) and the Division of Violence Prevention's Strategic Vision (https://www.cdc.gov/violenceprevention/publichealthissue/strategicvision.html/) support the need for evaluating the effectiveness of prevention strategies that lack rigorous evaluation research. In addition, NCIPC's research priorities and DVP's Strategic Vision highlight the need to evaluate the efficacy and effectiveness of approaches across all levels of the social ecology and to expand evidence for populations that experience a disproportionate burden of violence.

The current YVPCs have demonstrated success in reducing youth violence in communities with high rates of youth violence. More information about the current and past YVPCs can be accessed at: https://www.cdc.gov/violenceprevention/youthviolence/yvpc/index.html.

2. Approach

The objective of this research funding opportunity is to establish Youth Violence Prevention Centers (YVPCs) to advance the prevention of youth violence in communities with rates of youth violence that are higher than the national average. Applications for the YVPC should describe:

I. an **administrative infrastructure** to support implementation, evaluation, and dissemination activities; to foster necessary local collaborations to achieve the YVPC's goals; and to work with other funded YVPCs as part of the YVPC Network;
II. the **selection of a community or set of communities with high rates of youth violence** as the focus of all proposed YVPC activities;
III. a **rigorous evaluation of at least two distinct prevention strategies related to at least two of four Research Areas** specified in this NOFO that are designed to reduce community rates of youth violence in the selected community or set of communities;
IV. a **youth advisory council from each selected community** to provide input on the selection, implementation, and evaluation of youth violence prevention strategies; and
V. **integrated training activities for early career and junior researchers** in youth violence prevention to complement the implementation, evaluation, and scholarship activities of the YVPC.

I. YVPC Administrative Infrastructure to Support Research, Collaboration, and Dissemination Activities

The proposed YVPCs will require significant administrative and institutional support and capacity to accomplish the multiple research, community and youth engagement, and training activities. Many of the requirements of the funded YVPCs require complex skills and capacity.

Applicants must demonstrate these capacities and should demonstrate a willingness to collaborate with CDC scientific staff and with other funded YVPCs so that these capacities are enhanced and expanded. To fulfill this requirement, the applicant must complete the following:

1. Demonstrate institutional capacity to design, implement, and evaluate strategies to prevent youth violence in selected communities. This includes: The SF-424 Biographical Sketch for the contact Principal Investigator (PI) and/or Co-Investigator(s) (Co-I) must include documentation of expertise in designing, implementing, and evaluating youth violence prevention strategies in communities with high rates of youth violence. The knowledge, experience, and expertise necessary to conduct this research and achieve proposed objectives must be documented with at least one first-authored, peer-reviewed journal publication, as defined by the NIH National Library of Medicine, in the relevant area. Experience requirements may be demonstrated through the combined experiences of a PI and/or Co-I(s) (if applicable). The citation of the relevant publication(s) must be clearly identified (by bold text or highlight) in the appropriate SF-424 Biographical Sketch. **Applications that do not demonstrate expertise by the PI or Co-I to design, implement, and evaluate strategies to prevent youth violence in communities with high rates of youth violence through at least one first-authored, peer-reviewed journal publication presented on their SF-424 Biographical Sketch will be considered nonresponsive and will not be forwarded for peer review.**

2. Demonstrate community engagement with a partnership plan, which includes, at a minimum, description of the community partner(s), past collaborative activities between the applicant and the partner(s), and the role the partner(s) will play in the identification, development, implementation, and evaluation of the selected prevention strategies and research areas. The support of community partners should be demonstrated by data sharing agreements, memoranda of understanding, or letters of support. Applicants must provide evidence of support by **all** partners who play a role in implementing the selected prevention strategies and accessing data necessary to complete the proposed research, and the partner should describe their role and commitment to assisting the applicant with this research in their data sharing agreement, memoranda of understanding, or letters of support. Although a partnership with a public health department (city, county, or state) may not be necessary for implementing and evaluating the proposed research, nor required for funding consideration under this NOFO, applicants are nevertheless encouraged to establish this partnership to strengthen the relevance and sustainability of the selected prevention strategy. These indicators of support should describe the past and current working relationship between the applicant and the partner. Partnerships should include a diverse range of perspectives including, but not limited to, community partners who:

a. Are well-positioned to inform and engage with youth violence prevention efforts.
b. Are members of the selected community or set of communities and understand the cultural, social, and policy factors that may affect the proposed activities.
c. Provide data or assist with accessing data on youth violence within the selected community or communities.
d. Express a willingness to collaborate with the applicant to inform the development, implementation, and evaluation of strategies that fit the needs of the selected community

or set of communities.

e. Are empowered to speak and act on behalf of the agencies or groups they represent.

Applications must demonstrate community engagement with a partnership plan and data sharing agreements, memoranda of understanding or letters of support from <u>all</u> partners necessary to conduct the proposed research.

3. Demonstrate the proposed YVPC has the administrative, research, and community and youth engagement staff necessary to complete all proposed center activities. The description of proposed staff should indicate the responsibilities of each position and the percent time each staff member will commit to activities. The application should include a SF-424 Biographical Sketch for each identified staff member that reflects established skills and experience necessary to complete assigned responsibilities. For positions unfilled at the time of the application, the applicant should describe their recruitment strategy, timeline for filling the position, and any potential adverse impacts on proposed activities if filling the position is delayed.

4. Designate a full-time project coordinator with substantial experience, education, training, and credentials in project management, whose primary responsibility will be coordination of operations and logistics, and who will communicate directly with CDC scientific and programmatic staff. Applicants should describe how the contact PD/PI and project coordinator will ensure that all components of the proposed work are carried out with fidelity, will document and notify CDC within three business days of any deviations from project protocol (including plans for revision and remediation when appropriate), will participate on monthly calls with CDC staff, will attend the annual reverse site visits in Atlanta or YVPC sites, and will participate in site visits by CDC staff to the contact PD/PI's institution.

5. Demonstrate a willingness to participate in the YVPC Network. The YVPC Network will be composed of the YVPC PIs, additional YVPC staff selected at the YVPC PI's discretion, members of the YVPC community partnership groups, and CDC staff. The YVPC Network will serve as an ongoing forum for exchange, critical dialogue, and constructive feedback and discussion within and among the funded YVPCs. The YVPC Network may also provide suggestions to other CDC DVP-funded and NCIPC-funded activities [e.g., Striving to Reduce Youth Violence Everywhere (STRYVE), Core Violence and Injury Prevention Program (CORE-VIPP), Injury Control Research Centers (ICRCs), the National Violent Death Reporting System (NVDRS)], and Preventing Adverse Childhood Experiences Data to Action through activities, such as periodic conference calls. The YVPC Network will be encouraged to share information about their proposed evaluations, common indicators of youth violence behaviors and outcomes, and strategies to successfully develop and maintain community and youth engagement and training opportunities. This information could be used by the YVPCs to strengthen their Center plans and to help demonstrate the overall impact of the YVPCs.

II. YVPC Community Selection

The applicant is required to identify a community or set of communities with high rates of youth violence as the focus of all proposed YVPC activities. The applicant must demonstrate that the selected community or set of communities has rates of youth violence that are **higher than national averages**, including homicides and the more severe forms of violence that are likely to result in injury or death (e.g., shootings, aggravated assaults, violent crime arrest rates, and emergency department admissions for violent injuries among youth). Applicants may demonstrate this burden through a combination of available information at the community level (e.g., administrative data, syndromic surveillance data, vital statistics, community surveys, or other appropriate documentation). **Applications that do not demonstrate that the selected community or set of communities has rates of youth violence that are higher than the national average will be considered nonresponsive and will not be forwarded for peer review.**

III. YVPC Prevention Strategies and Research Areas

Applicants must select *at least* two (2) Research Areas from the four Research Areas specified below to reduce community rates of youth violence within one or more geographically defined communities with high rates of youth violence. **The applicant must also propose the evaluation of *at least* two distinct prevention strategies (i.e., programs, practices, policies)** on community rates of youth violence. These prevention strategies must directly relate to two or more of the Research Areas specified below (e.g., program designed to prevent youth violence related to addressing social and structural conditions and to preventing homicide). For the purposes of this NOFO: A) the application's proposed research must address *at least* two of the four Research Areas specified below; B) the application must propose to evaluate *at least* two distinct prevention strategies; C) each of the two proposed strategies must be directly related to at *least one* of the specified Research Areas; D) any proposed prevention strategy can be related to one or more of the specified Research Areas. Applicants are encouraged to carefully consider the extent to which all proposed research can be feasibly completed within the five year project period and proposed budget.

Applicants are also encouraged to investigate the impact of selected prevention strategies on specific populations of youth (e.g., racial/ethnic groups, people with disabilities, and sexual and gender minorities). For each prevention strategy, applicants are also encouraged to collect the data necessary to understand and describe the mechanisms of change, the effects on inequities in risk for violence, risk and protective factors for violence, the cost effectiveness of the interventions examined, any potential unintended consequences of the prevention strategy, and possible secondary outcomes reflecting other forms of violence (e.g., teen dating violence, sexual violence). Risk factors include, but are not limited to, neighborhood poverty, cultural norms that support aggression towards others, social or structural conditions that contribute to heath inequities, and poor neighborhood cohesion. Protective factors include, but are not limited to, community connectedness, coordination of resources and services among community agencies, and economic opportunities for individuals and families. For more information on shared risk and protective factors for violence see: https://www.cdc.gov/violenceprevention/pdf/connecting_the_dots-a.pdf. **Applications that do not propose to evaluate at least two**

distinct prevention strategies related to at least two of the research areas specified in this NOFO (i.e., Research Area 1, Research Area 2, Research Area 3, Research Area 4), demonstrate how the prevention strategies relate to at least two of the Research Areas specified in the NOFO, and evaluate the impact of the prevention strategies on community rates of youth violence will be considered nonresponsive and will not be forwarded for peer review.

Applicants may propose to conduct a research evaluation of a prevention strategy that is being developed or under implementation. However, applicants are reminded that NOFO RFA-CE-21-005 is a research notice of funding opportunity and not a stand-alone program development announcement. Therefore, applicants cannot propose to develop or implement a prevention strategy **without also conducting a rigorous research evaluation** of the prevention strategy. All applications will be evaluated during the peer review process on the strength of the research question, the appropriateness of the research question in addressing the scientific intent of the NOFO, the strength of the research design and approach in order to answer the research question, and the feasibility of completing the proposed research within the time frame of the project period and within the proposed budget, among other scored peer review criteria as described in *Section V. Application Review Information Criteria*. **An application that proposes to develop or implement a prevention strategy without also conducting a rigorous research evaluation of the prevention strategy will be considered nonresponsive and will not be forwarded for peer review.**

For each prevention strategy to be evaluated, applicants are expected to submit a narrative Theory of Change (TOC). The TOC describes the causal processes through which an implemented strategy is expected to result in reductions to community rates of youth violence.[26,27] In their description of the TOC, applicants should:

- Describe the selected prevention strategies to be evaluated.
- Demonstrate through the TOC how the strategy is expected to affect community rates of youth violence. Based on the proposed strategies and analyses, the TOC may also need to reflect the proposed mechanisms of change, risk and protective factors for violence, and any proposed secondary outcomes. The applicant should describe how factors in the TOC would validly and reliably be measured to demonstrate the hypothesized changes.
- Describe how the proposed research is innovative, advances the field of violence prevention, and adds to current evidence base by referring to CDC's Continuum of Evidence (see https://www.cdc.gov/violenceprevention/pdf/continuum-chart-a.pdf). The proposed research may build upon a previous non-rigorous evaluation in order to extend the evidence-base for youth violence prevention. If the proposed research builds upon previous research or practice (including of an adaptation of the prevention strategy to be evaluated), applicants must describe the previous research or practice, the research gap(s), and how the proposed research will extend and not be duplicative with previous research.

This NOFO is not intended to support policy implementation. However, an evaluation of a policy may be a part of the proposed research. The policy selected for rigorous evaluation must have been implemented prior to the proposed period of evaluation and may or may not be ongoing. Applicants must clearly describe the policy to be evaluated, **including the date of enactment of the policy** and provision of a full description of the policy or law or statute in the Appendix, the previous research on the policy including any rigorous evaluations of its impact on violence, and the new information to be learned from the proposed evaluation.
Applications proposing to rigorously evaluate policies that have not been enacted at the time the application is submitted, as evidenced by a lack of inclusion of the date of the enactment of the policy in the SF-424 Research Strategy, will be considered nonresponsive and will not be forwarded for peer review.

Applications proposing to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any state government, state legislature or local legislature or legislative body will be considered nonresponsive and will not be forwarded for peer review. Additional information about anti-lobbying restrictions for CDC Grantees is available at: https://www.cdc.gov/grants/additional-requirements/ar-12.html.

This NOFO is intended to support rigorous evaluations that are designed to detect whether any measured changes in community rates of youth violence can be attributed to the selected strategies. To this end, applicants are expected to employ the most rigorous research design feasible to examine the impact of the strategies on community rates of youth violence and inequities in rates of violence. For the purpose of this announcement, rigorous evaluation designs include those that utilize experimental (i.e., randomized controlled trials) or quasi-experimental designs (e.g., comparative interrupted time series design, difference-in-differences, instrumental variable methods, regression discontinuity, regression point displacement, stepped wedge, designs using propensity-score matching, designs involving matched comparison groups). Applicants are to provide evidence of sufficient sample size and statistical power to detect effects of the selected prevention strategies on community rates of youth violence. For each of the prevention strategies to be evaluated, applicants should include in their application the following:

- Descriptions of how each selected prevention strategy aligns with two or more of the four Research Areas specified in this NOFO. These descriptions should include how the proposed work will build on past research and fill knowledge gaps in the Research Areas and should include a discussion on how the application's combination of the selected prevention strategies and Research Areas can be feasibly completed within the five year project period and proposed budget.
- A rigorous outcome evaluation plan with the appropriate evaluation design for examining the effects on community rates of youth violence in the selected community or set of communities.
    - Applicants should provide plans to identify and ensure access to data to evaluate the selected strategies' impact on community rates of youth violence.
    - Outcome evaluations must demonstrate impact of the selected prevention

strategies on community rates of youth violence and eliminate alternative hypotheses for observed change (i.e., any changes in community rates of youth violence must be attributable to the prevention strategy).
    - Data could come from justice, health, education, and other sources about youth violence. Examples of outcome measures may include: youth homicides, physical assaults, shootings, aggravated assaults, violent crime arrest rates among youth, youth violence-related ambulance pick-ups, emergency department data/syndromic surveillance data on violence-related injuries among youth, and administrative/school data on school discipline reports and truancy/delinquency measures.
- Applicants are also encouraged to evaluate mechanisms of change, the effects on inequities in risk for violence, risk and protective factors for violence, the cost effectiveness of the interventions examined, any potential unintended consequences of the prevention strategy, and possible secondary outcomes reflecting other forms of violence (e.g., teen dating violence, sexual violence).
- Plans to appropriately document each prevention strategy procedures and content as well as lessons learned to facilitate future replication in another research or non-research setting if the strategy is found to be effective. These plans may include, but are not limited to, specifying the strategy's core components (e.g., content, delivery methods, and implementer characteristics) and documenting lessons learned from the study that might inform decisions about future adaptation or modification of the strategy for other settings or populations.
- Descriptions of how any community conditions (e.g., health conditions such as COVID-19 and influenza, budget, changes in how community programs are delivered) may impact the implemented prevention strategies and how any related impacts on implementation and evaluation would be addressed to ensure a robust evaluation at the conclusion of the funding period.

Research Area 1: Rigorously evaluate the effectiveness of prevention strategies addressing social and structural conditions that reduce racial and ethnic inequities and community rates of youth violence.

This research area is related to programs, polices, or practices intended to address health inequities and their consequences. Proposed evaluations should focus on strategies that attempt to identify and reduce social and structural conditions contributing to health inequities that can lead to differences in community rates of youth violence across populations (e.g., differences in economic supports for families, including stable housing, food security, educational resources, employment opportunities, and microfinance programs).[28] This includes strategies to reduce the concentration of community risk factors to improve the conditions and social and economic characteristics of neighborhoods, communities, and other settings. The primary outcome to be examined is the impact on community rates of youth violence. Secondary outcomes may include risk and protective factors for community rates of youth violence and process outcomes of the implemented strategy.

Youth organizing strategies, such as positive youth development, social justice youth development, and youth participatory action research, have demonstrated impacts at multiple levels, including youth development, community development, and social change.[29] These strategies often focus on social and economic justice, and thus may offer promise for this research area. If a youth engagement organizing strategy is selected, it should include common elements of relational community organizing (e.g., one-to-one relationship development, issue assessment, civic engagement and social justice leadership development, participatory research, evaluation and reflection).[30] The primary outcome to be examined is the impact on community rates of youth violence. Secondary outcomes may include risk and protective factors for youth violence (e.g., achieving organizing milestones).

Research Area 2: Preventing Homicide and Severe Violence-Related Injuries Experienced by Youth

This research area will support effectiveness research to decrease community rates of youth homicide and severe violence-related injuries by addressing associated modifiable risk and protective factors. Strategies that align with this research to prevent homicide and severe injuries experienced by youth could include culturally competent and appropriate prevention approaches, such as reducing unsupervised youth firearm access and carriage, reducing exposure to firearm and other community violence, shifting youth and community norms that promote gun violence, reducing community rates of gang affiliation and activity including drug trafficking, and implementing approaches to improve the social and community conditions that contribute to the substantial disparities of homicide and severe injuries experienced by communities at higher risk for violence-related health inequities.

Research Area 3: Hospital-based Youth Violence Prevention Strategies

Suitable proposals for this research area include rigorously evaluating a hospital-based youth violence prevention program currently being implemented but not previously rigorously evaluated. Hospital-based programs with established effectiveness in reducing youth violence and crime (e.g., SafERteens, Project SYNC, Caught in the Crossfire) may also be evaluated, but only if the evaluation is intended to determine the effectiveness of a scaled multi-hospital implementation of an existing hospital-based violence prevention program. Design consideration must be given to the locations and coverage of the program delivery sites and the feasibility of achieving reductions in community rates of youth violence given the coverage of these sites. While applicants may propose to conduct a research evaluation of a prevention strategy that is being developed or under implementation, applicants cannot propose to develop or implement a prevention strategy without also conducting a rigorous research evaluation of the prevention strategy. This NOFO is NOT intended to support direct care services. Strategies suitable for evaluation under this research area include those intended to reduce community rates of youth violence (e.g., preventing violence before it occurs; preventing revictimization, escalation of violence, or perpetration). The research area is not intended to evaluate long-term treatment and rehabilitation strategies (e.g., mental health treatment, physical rehabilitation). Potential data sources include, but are not limited to, emergency department data on nonfatal youth violence injuries and re-occurrence of injuries, youth violence-related ambulance pick-

ups, violent crime arrest rates among youth, and youth homicides, shootings, and aggravated assaults. Applicants should clearly indicate if the proposed evaluation is of an implemented program lacking rigorous evaluation or an evidence-based program that is being scaled-up and evaluated. Applicants should describe all previous implementations and evaluations of the identified program, including any related or adapted programs. **Applications proposing the evaluation of a youth violence prevention hospital-based program with established effectiveness (e.g., SafERteens, Project SYNC, Caught in the Crossfire), including adaptations of the existing evidence-based program, that does not include the evaluation of a scaled multi-hospital implementation may not be forwarded for full panel peer review and <u>will not</u> be recommended for funding consideration during the NCIPC second level review (see *Section V. Application Review Information*).**

Research Area 4: Leveraging Online Platforms for Youth Violence Prevention.

This research area includes evaluating the effectiveness of evidence-based youth violence prevention approach(es) originally designed for the physical world that have been adapted for online platform implementation, or evaluating the effectiveness of novel online prevention approach(es) for reducing community rates of youth violence. Applicants are strongly encouraged to evaluate prevention strategies that engage harder to reach youth and youth at higher risk for violence (e.g., out of school youth). Adaptations to existing strategies could include, but are not limited to, established bystander intervention approaches to intervene in specific high risk circumstances (e.g., when youth post that they are in situations where risk factors for youth violence are present) or when tensions about disputes are escalating or there are threats of retaliation. For example, applicants could evaluate the impact of digital interventionists who are mobilized to diffuse aggressive threats when detected using computation linguistic methods for a specific geographic area and could potentially disrupt violence transmission from the cyber world to the physical world.[31] Other novel online approaches implemented on social media platforms, such as those designed to enhance mentoring or teach unique skills related to the online context, could be evaluated for their impact on the prevention of both virtual and physical world rates of youth violence.

Considerations Regarding Violence Prevention Strategies Proposed for Evaluation

Some youth violence prevention strategies either have an existing evidence base or currently have funding to support rigorous evaluations. These include universal school-based programs, parenting and family relationship programs, Youth Empowerment Solutions (YES), Crime Prevention Through Environmental Design (CPTED) in neighborhoods (e.g., greening, abandoned building/vacant lot remediation), business improvement districts (BIDs), prevention planning systems [e.g., Communities That Care (CTC), Promoting School-Community University Partnerships to Enhance Resilience (PROSPER Partnership Model)]. Some policies [i.e., earned income tax credit (EITC), Medicaid expansion, and school vouchers] have been evaluated at the national and state-levels but not at the local level. **Applications proposing to evaluate the following strategies, including online or in-person adaptations of these strategies: universal school-based programs, parenting and family relationship programs, Youth Empowerment Solutions (YES), Crime Prevention Through Environmental Design**

(CPTED) in neighborhoods (e.g., greening, abandoned building/vacant lot remediation), business improvement districts (BIDs), prevention planning systems [e.g., Communities That Care (CTC), Promoting School-Community University Partnerships to Enhance Resilience (PROSPER Partnership Model)], national- and state-level policies [i.e., earned income tax credit (EITC), Medicaid expansion, and school vouchers] may not be forwarded for full panel peer review and will not be recommended for funding consideration during the NCIPC second level review (see *Section V. Application Review Information*).

Other prevention strategies may not have been adapted and rigorously evaluated when implemented on online platforms, and further evaluation could help broaden prevention activities. Examples include street outreach approaches, bystander interventions, and bullying/cyber-bullying interventions. **Applications proposing to evaluate street outreach approaches, bystander interventions, and bullying/cyber-bullying interventions without the inclusion, as a primary research aim, of an online intervention component may not be forwarded for full panel peer review and will not be recommended for funding consideration during the NCIPC second level review (see *Section V. Application Review Information*). Applications proposing to only evaluate online behavior without also evaluating effects on community rates of youth violence in the physical world may not be forwarded for full panel peer review and will not be recommended for funding consideration during the NCIPC second level review (see *Section V. Application Review Information*).**

Applications proposing to evaluate criminal justice strategies (e.g., policing, arrest, trial, sentencing, incarceration, mandated intervention and treatment strategies) or perform criminal justice research will be considered nonresponsive and will not be forwarded for peer review.

Applications proposing to evaluate long-term treatment and rehabilitation (e.g., mental health treatment, physical rehabilitation, trauma focused or other forms of Cognitive Behavioral Therapy, Multisystemic Therapy, Functional Family Therapy) strategies or medical care (e.g., treatment of physical injuries) will be considered nonresponsive and will not be forwarded for peer review.

IV. YVPC Community Youth Advisory Council

Youth are recognized as interested and important community partners and have been shown to add considerable value to the development and implementation of youth violence prevention strategies.[5] Applicants must provide a description of a proposed youth advisory council with the intent of receiving input from a diverse group of youth that live within the selected community or communities. Applicants must describe the following:

- Plans to recruit and retain a representative youth advisory council from youth within the

selected community or communities.
- Administrative considerations for youth advisory council meetings (e.g., meeting frequency, meeting location, length of each meeting, goals, and objectives). Youth advisory councils should, *at a minimum*, meet monthly.

Applications that do not include a plan for developing and sustaining a youth advisory council from the selected community or communities will be considered nonresponsive and will not be forwarded for peer review.

V. YVPC Integrated Training of Early Career and Junior Researchers in Youth Violence Prevention

Applicants must provide a description of proposed professional development and training activities for early career and junior researchers in youth violence prevention and how such activities will be integrated into the proposed YVPC activities. Applicants are encouraged to train a diverse group of trainees/mentees, including underrepresented minority researchers and youth within the community. Applicants should describe:

- Evidence of previous research training and mentoring experience in youth violence prevention-related content areas.
- Plans for cross-disciplinary training and professional development of new and established investigators, including adequacy of facilities; capacity to train students and/or fellows in youth violence prevention research; and experience in effectively conducting mentoring and career development activities.
- A scholarship plan to indicate how early career and junior youth violence prevention researchers will expand the evidence base for effective youth violence prevention strategies.

Early career researchers are defined as individuals with less than 5 years of post-graduate research experience, and who have not served (and are not serving) as the contact Program Director/Principal Investigator (PD/PI) on a CDC or National Institutes of Health (NIH) award. The 5-year period will be calculated from the completion of the qualifying degree (e.g., a research or health-professional doctoral or medical degree [specifically PhD, ScD, DO, DrPH, MD, DVMD], from an accredited institution of higher learning). **A SF-424 Biographical Sketch of each participating early career researcher is highly encouraged to be included in the application package.**

Junior researchers are defined as individuals currently enrolled in an Undergraduate, Masters, or Doctoral degree training program at an accredited institution of higher learning.

Applications that do not include a plan to train early career and/or and junior researchers in youth violence prevention will be considered nonresponsive and will not be forwarded

for peer review.

Applications must be responsive to NOFO RFA-CE-21-005 in order to be forwarded for peer review. Additional responsiveness criteria are listed in *Section III. Eligibility Information 5. Responsiveness* of this NOFO. It is the applicant's responsibility to ensure that the submitted research proposal meets all responsiveness criteria listed in *Section III. Eligibility Information 5. Responsiveness*.

Objectives/Outcomes

Primary Outcomes to be achieved with funded research:

The primary goal of this research is to prevent and reduce community rates of youth violence. This outcome includes youth violence behaviors, injuries, and deaths experienced by young people aged 10-24 years and could be demonstrated by looking at a range of indicators (e.g., juvenile rates of fighting, juvenile arrest rates for violent offenses, homicide rates among youth aged 10-24, emergency department and syndromic surveillance data on violence-related injuries among youth, ambulance pickups and school data on disciplinary incidents involving violence) within the identified community or set of communities.

Applicants are encouraged to examine the impact of the prevention strategies on secondary outcomes reflecting other forms of violence (e.g., teen dating violence, sexual violence) and risk and protective factors for violence as well as other mediators or moderators including, but not limited to, indicators of inequity. Applicants are also encouraged to include indicators of cost to inform economic evaluations of the selected strategies. While examination of secondary outcomes is encouraged, applicants are reminded that the majority of the resources must be devoted to achieving and measuring impacts on the primary youth violence outcomes.

Applicants are encouraged to measure as many youth violence outcomes as are feasible, using multiple data sources when possible. Applicants are also encouraged to investigate the disproportionate burden of violence on specific populations of youth. Applicants are also encouraged to collect the data necessary to understand and describe the mechanisms of change, the effects on inequities in risk for violence, the cost effectiveness of the prevention strategies examined, any potential unintended consequences of the prevention strategies. Applicants may propose to investigate youth violence risk and protective factors; however, **applications proposing to conduct research on *only* risk and protective factors for violence without also proposing a rigorous evaluation of the impact of prevention strategies on community rates of youth violence will be considered nonresponsive and will not be forwarded for peer review.**

Target Population

The YVPCs research and prevent violence among youth ages 10-24. Applicants may propose research evaluating strategies to prevent violence among a narrower age range of youth, but the focus of the intervention and evaluation must be constrained within the 10-24 year old age range. The YVPCs partner with a community or set of communities that experience rates of

youth violence (e.g., juvenile rates of fighting, juvenile arrest rates for violent offenses, homicide rates among youth ages 10-24, emergency department and syndromic surveillance data on violence-related injuries among youth, and school data on disciplinary incidents involving violence) that are higher than national averages. Through this partnership, the YVPCs rigorously evaluate youth violence prevention strategies to reduce community rates of youth violence, build capacity of community organizations to prevent youth violence, develop strategies that are scalable, and disseminate/translate effective youth violence prevention strategies that can inform national prevention efforts.

Collaboration/Partnerships

It is expected that for all applications, the majority (60% or greater) of the proposed research work plan, as evidenced by the SF-424 Research and Related Budget, will be directly carried out by the applicant organization throughout the entirety of the project period. The applicant organization cannot serve as a "pass through" to fund another entity to conduct the majority of the research. **Applications that submit a research plan budget in the SF-424 Research and Related Budget reflecting less than 60% of direct effort from the applicant organization throughout the entirety of the project period will be considered nonresponsive and will not be forwarded for peer review**.

Community Partnership Plan and Letters of Support/Memoranda of Agreement: The application must demonstrate community engagement as evidenced by a community partnership plan, data use and data sharing agreements, letters of support, and memoranda of understanding documenting the proposed partnership(s) in the Letters of Support section of the application.The application's letters of support or memoranda of understanding must describe the nature and extent of the proposed partnership(s) to be assessed during the peer review (see *Section V. Application Review Information*).
Specifically, for all collaborations, documentation must clearly describe the nature of the proposed partnership, including the roles and responsibilities of the Principal Investigator(s) and of the outside entities or partner agencies, the existing working relationship, plans for the proposed research, the nature and extent of the involvement to be provided by the applicant institution and outside entity, the outside entity's scope of work, and how the partnership will ensure implementation and sustainability of the proposed research plan.

Applicants must describe all data sources and processes used to ensure data access. Evidence of access to the data from outside entities may be demonstrated by data sharing agreements, memoranda of understanding, or Letters of Support detailing the data availability. If the research sites are not local to the research investigators, the proposed budget should include funding for research staff to travel in order to regularly and directly meet with community partners in order to monitor the implementation and evaluation of the proposed prevention strategies.

Applications will be evaluated during peer review on:

- whether a community partnership plan, including data use and data sharing agreements, letters of support, and memoranda of understanding, is documented in the application;
- the nature and extent of the proposed partnership(s); and
- to what extent the community partnership plan demonstrates substantive community engagement and the role partners will play in the identification, development, implementation, and evaluation of the selected prevention strategies.

Minority Serving Institutions: This NOFO seeks diversity among applicant institutions, research investigators, and partnering organizations to ensure researcher experience and research outcomes are applicable and beneficial to all communities experiencing high rates of youth violence. Applicant organizations from or collaborating with Minority Serving Educational Institutions (MSIs) representative of and serving the selected community are highly encouraged. MSIs include Hispanic Serving Institution's (HSIs), Historically Black Colleges and Universities (HBCUs), Tribal Colleges and Universities (TCUs), and Alaska Native and Native Hawaiian Serving Institutions, as defined by the U.S. Department of Education. **Meritorious applications from eligible MSIs or eligible institutions collaborating with MSIs may be considered during the second level of review to broaden distribution of awards (see *Section V. Application Review Information 4. Review and Selection Process*).**

Evaluation/Performance Measurement

Applicants are expected to establish an administrative structure to achieve all YVPC goals, rigorously evaluate at least two prevention strategies for effectiveness in reducing community rates of youth violence, provide training activities for junior or future youth violence prevention researchers, and engage a youth advisory council. Evaluation of the proposed YVPC meeting its goals will be aided by a detailed project workplan and timeline, accompanied by discussion of how unanticipated delays or adverse events of any kind will be handled. Applicants must evaluate and document performance during each stage of all center activities. The application is expected to include a clear description of relevant performance measures, including process and outcome measures that are applicable to the center activities. Potentially relevant performance measures include: staff recruitment and training; sustained community engagement; data collection and/or acquisition; database development, cleaning and management; data analyses and dissemination; study participant recruitment and retention; mentoring and productivity of future researchers; and sustained and high-quality engagement of youth. Regularly scheduled comparison of the center’s progress to the performance measures would be expected in order to monitor and document whether the center is progressing as planned and in a timely manner, and whether the research activities are of high scientific quality.

Translation Plan

A core feature of the YVPCs supported under this announcement is the administrative infrastructure to support a range of activities, including the dissemination of findings to inform prevention approaches in other communities. Applicants should provide a plan to document the selected strategies’ implementation procedures, content, and lessons learned to facilitate future replication. Primary responsibilities for the PIs include analyzing data and disseminating findings in peer-reviewed journals and presentations at scientific conferences as well as

translating and disseminating key findings and recommendations for practice to the youth violence prevention field. PIs are expected to collaborate with CDC investigators on the development of a translation plan for the research findings. The plan should describe how the results will be disseminated to achieve the greatest impact. Research findings should be disseminated through publications, including articles in peer reviewed scientific journals, and "Research Briefs" for diverse audiences, as well as presentations at professional conferences, and in institutional and community-based venues.

Funded recipients will be required to attend annual visits in Atlanta with CDC/NCIPC staff during the duration of performance to review their progress and findings and to discuss opportunities for widespread dissemination of their research achievements and lessons learned. This must be reflected in the application's SF-424 Research and Related Budget submitted in response to this NOFO.

Section II. Award Information

Funding Instrument Type:	Cooperative Agreement A support mechanism used when there will be substantial Federal scientific or programmatic involvement. Substantial involvement means that, after award, scientific or program staff will assist, guide, coordinate, or participate in project activities.

Application Types Allowed:

New - An application that is submitted for funding for the first time. Includes multiple submission attempts within the same round.

Estimated Total Funding:	$30,000,000
Anticipated Number of Awards:	5

Awards issued under this NOFO are contingent on the availability of funds and submission of a sufficient number of meritorious applications.

Award ceiling and floor are for the first 12-month budget period only.

Award Ceiling:	$1,200,000 Per Budget Period
Award Floor:	$0 Per Budget Period
Total Period of Performance Length:	5 year(s)

Throughout the Period of Performance, CDC's commitment to continuation of awards will depend on the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports), and CDC's determination that continued funding is in the best interest of the Federal government.

HHS/CDC grants policies as described in the HHS Grants Policy Statement (http://www.hhs.gov/ sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf) will apply to the applications submitted and awards made in response to this NOFO.

Section III. Eligibility Information

1. Eligible Applicants

Eligibility Category:	State governments County governments City or township governments Special district governments Independent school districts Public and State controlled institutions of higher education Native American tribal governments (Federally recognized) Public housing authorities/Indian housing authorities Native American tribal organizations (other than Federally recognized tribal governments) Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education Private institutions of higher education For profit organizations other than small businesses Small businesses Others (see text field entitled "Additional Information on Eligibility" for clarification) Unrestricted (i.e., open to any type of entity above), subject to any clarification in text field entitled "Additional Information on Eligibility"
Additional Eligibility Category:	

The following types of Higher Education Institutions are always encouraged to apply for CDC support as Public or Private Institutions of Higher Education:

Hispanic-serving Institutions
Historically Black Colleges and Universities (HBCUs)
Tribally Controlled Colleges and Universities (TCCUs)
Alaska Native and Native Hawaiian Serving Institutions

Nonprofits (Other than Institutions of Higher Education):

Nonprofits (Other than Institutions of Higher Education)

Other:

Faith-based or Community-based Organizations
Regional Organizations
Bona Fide Agents: A Bona Fide Agent is an agency/organization identified by the state as eligible to submit an application under the state eligibility in lieu of a state application. If applying as a bona fide agent of a state or local government, a legal, binding agreement from the state or local government as documentation of the status is required. Attach with "Other Attachment Forms."
Federally Funded Research and Development Centers (FFRDCs): FFRDCs are operated, managed, and/or administered by a university or consortium of universities, other not-for-profit or nonprofit organization, or an industrial firm, as an autonomous organization or as an identifiable separate operating unit of a parent organization. A FFRDC meets some special long-term research or development need which cannot be met as effectively by an agency's existing in-house or contractor resources. FFRDC's enable agencies to use private sector resources to accomplish tasks that are integral to the mission and operation of the sponsoring agency. For more information on

FFRDCs, go to https://gov.ecfr.io/cgi-bin/searchECFR

2. Foreign Organizations

Foreign Organizations are not eligible to apply.

Foreign components of U.S. Organizations are not eligible to apply.

For this announcement, applicants may not include collaborators or consultants from foreign institutions. All applicable federal laws and policies apply.

3. Additional Information on Eligibility

This NOFO is published with full and open competition for any potential applicant institution.

4. Justification for Less than Maximum Competition

N/A

5. Responsiveness

It is the applicant's responsibility to ensure that the application meets **all** responsiveness criteria listed in this section. Applications that do not meet ***all*** of the following Responsiveness criteria will be considered nonresponsive and will not be forwarded for peer review. There must be an overall match between the proposed research objectives as described in the Specific Aims section of the application and the research objectives of this announcement as described in the Background and Purpose, Approach, and Objectives and Outcomes sections of this NOFO. **In the Specific Aims section of the application, applicants must clearly name the selected community or set of communities with a higher than national average risk of youth violence that will be the focus of center activities, must name the two distinct prevention strategies that will be rigorously evaluated, must name the two research areas the prevention strategies relate to, and must list the intended outcomes measures, including community rates of youth violence.**

- Applications that do not name the selected community or set of communities that will be the focus of center activities and that do not demonstrate that the selected community or set of communities has rates of youth violence that are higher than the national average will be considered nonresponsive and will not be forwarded for peer review.
- Applications that do not propose to evaluate at least two distinct prevention strategies related to at least two of the research areas specified in this NOFO (i.e., Research Area 1, Research Area 2, Research Area 3, Research Area 4), demonstrate how the prevention strategies relate to at least two of the Research Areas specified in the NOFO, and evaluate the impact of the prevention strategies on community rates of youth violence will be considered nonresponsive and will not be forwarded for peer review.
- Applications proposing to develop or implement a prevention strategy without also

conducting a rigorous research evaluation of the prevention strategy will be considered nonresponsive and will not be forwarded for peer review.

- Applications proposing to conduct research on *only* risk and protective factors for violence without also proposing a rigorous evaluation of the impact of prevention strategies to reduce community rates of youth violence will be considered nonresponsive and will not be forwarded for peer review.
- Applications that do not include a plan for developing and sustaining a youth advisory council from the selected community or communities will be considered nonresponsive and will not be forwarded for peer review.
- Applications that do not include a plan to train early career and/or junior researchers in youth violence prevention will be considered nonresponsive and will not be forwarded for peer review.
- Applications proposing to rigorously evaluate policies that have not been enacted at the time the application is submitted, as evidenced by a lack of inclusion of the date of the enactment of the policy in the SF-424 Research Strategy, will be considered nonresponsive and will not be forwarded for peer review.
- Applications proposing to evaluate therapeutic interventions that focus on long-term treatment and rehabilitation strategies (e.g., mental health treatment, physical rehabilitation, trauma focused or other forms of Cognitive Behavioral Therapy, Multisystemic Therapy, Functional Family Therapy) or medical care (e.g., treatment of physical injuries) will be considered nonresponsive and will not be forwarded for peer review.
- Applications proposing to evaluate criminal justice strategies (e.g., policing, arrest, trial, sentencing, incarceration, mandated intervention and treatment strategies) or perform criminal justice research will be considered nonresponsive and will not be forwarded for peer review.
- Applications proposing to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any state government, state legislature or local legislature or legislative body will be considered nonresponsive and will not be forwarded for peer review.

The SF-424 Biographical Sketch for the contact Principal (PI) and/or Co-Investigator(s) (Co-I) must include documentation of at least one first-authored, peer-reviewed journal publication, as defined by the NIH National Library of Medicine, in the design, implementation, and evaluation of strategies to prevent youth violence in communities with high rates of violence. Experience requirements may be demonstrated through the combined experiences of the PI and/or Co-I(s) (if applicable). The citation of the relevant publication(s) or research experience must be clearly identified (by bold text or highlight) in the appropriate SF-424 Biographical Sketch. **Applications that do not demonstrate expertise by the PI or Co-I to design, implement, and evaluate strategies to prevent youth violence in communities with high rates of youth violence through at least one first-authored, peer- reviewed journal publication presented on their SF-424 Biographical Sketch will be considered nonresponsive and will not be forwarded for peer review.**

It is expected that for all applications, the majority (60% or greater) of the proposed research work plan, as evidenced by the SF-424 Research and Related Budget, will be directly carried out by the applicant organization throughout the entirety of the project period. The applicant organization cannot serve as a "pass through" to fund another entity to conduct the majority of the research. **Applications that submit a research plan budget in the SF-424 Research and Related Budget reflecting less than 60% of direct effort from the applicant organization throughout the entirety of the project period will be considered nonresponsive and will not be forwarded for peer review**.

6. Required Registrations

Applicant organizations must complete the following registrations as described in the SF 424 (R&R) Application Guide to be eligible to apply for or receive an award. Applicants must have a valid Dun and Bradstreet Universal Numbering System (DUNS) number in order to begin each of the following registrations.

- (Foreign entities only): Special Instructions for acquiring a Commercial and Governmental Entity (NCAGE) Code: https://cage.dla.mil/
- System for Award Management (SAM) – must maintain current registration in SAM (the replacement system for the Central Contractor Registration) to be renewed annually, https://www.sam.gov/index.html .
- Grants.gov
- eRA Commons

All applicant organizations must register with Grants.gov. Please visit www.Grants.gov at least 30 days prior to submitting your application to familiarize yourself with the registration and submission processes. The "one-time" registration process will take three to five days to complete. However, it is best to start the registration process at least two weeks prior to application submission.

All Program Directors/Principal Investigators (PD/PIs) must also work with their institutional officials to register with the eRA Commons or ensure their existing Principle Investigator (PD/PI) eRA Commons account is affiliated with the eRA commons account of the applicant organization. All registrations must be successfully completed and active before the application due date. Applicant organizations are strongly encouraged to start the eRA Commons registration process at least four (4) weeks prior to the application due date. ASSIST requires that applicant users have active eRA Commons account in order to prepare an application. It also requires that the applicant organization's Signing Official have an active eRA Commons Signing Official account in order to initiate the submission process. During the submission process, ASSIST will prompt the Signing Official to enter their Grants.gov Authorized Organizational Representative (AOR) credentials in order to complete the submission, therefore the applicant organization must ensure that their Grants.gov AOR credentials are active.

7. Universal Identifier Requirements and System for Award Management (SAM)

All applicant organizations **must obtain** a DUN and Bradstreet (D&B) Data Universal Numbering System (DUNS) number as the Universal Identifier when applying for Federal

grants or cooperative agreements. The DUNS number is a nine-digit number assigned by Dun and Bradstreet Information Services. An AOR should be consulted to determine the appropriate number. If the organization does not have a DUNS number, an AOR should complete the US D&B D-U-N-S Number Request Web Form or contact Dun and Bradstreet by telephone directly at 1-866-705-5711 (toll-free) to obtain one. A DUNS number will be provided immediately by telephone at no charge. Note this is an organizational number. Individual Program Directors/Principal Investigators do not need to register for a DUNS number. Additionally, all applicant organizations must register in the **System for Award Management (SAM)**. Organizations must maintain the registration with current information at all times during which it has an application under consideration for funding by CDC and, if an award is made, until a final financial report is submitted or the final payment is received, whichever is later. SAM is the primary registrant database for the Federal government and is the repository into which an entity must provide information required for the conduct of business as a recipient. Additional information about registration procedures may be found at the SAM internet site at https://www.sam.gov/index.html.
If an award is granted, the recipient organization **must** notify potential sub-recipients that no organization may receive a subaward under the grant unless the organization has provided its DUNS number to the recipient organization.

8. Eligible Individuals (Project Director/Principal Investigator) in Organizations/Institutions

Any individual(s) with the skills, knowledge, and resources necessary to carry out the proposed research as the Project Director/Principal Investigator (PD/PI) is invited to work with his/her organization to develop an application for support. Individuals from underrepresented racial and ethnic groups as well as individuals with disabilities are always encouraged to apply for HHS/CDC support.

9. Cost Sharing

This FOA does not require cost sharing as defined in the HHS Grants Policy Statement (http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf).

10. Number of Applications

As defined in the HHS Grants Policy Statement, (https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf), applications received in response to the same Notice of Funding Opportunity generally are scored individually and then ranked with other applications under peer review in their order of relative programmatic, technical, or scientific merit. HHS/CDC will not accept any application in response to this NOFO that is essentially the same as one currently pending initial peer review unless the applicant withdraws the pending application.

As defined in the HHS Grants Policy Statement, (https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf), applications received in response to the same Notice of Funding Opportunity (NOFO) generally are scored individually and then ranked with other applications under peer review in their order of relative programmatic, technical, or scientific merit. HHS/CDC will not accept any application in response to this NOFO that is essentially the same as one currently pending initial peer review unless the applicant withdraws

the pending application.

Eligible applicant organizations may submit more than one application to this NOFO, provided that each application is scientifically distinct. However, applicant institutions can submit only one application with the same contact PD/PI. Only one application per contact PD/PI will be funded under this announcement. If two or more applications from the same contact PD/PI are received for this NOFO, the only application that will be submitted for review will be the last application received based on the document's time and date stamp in Grants.gov (http://www.grants.gov). The applicant must ensure that duplicate applications are withdrawn prior to the application review date.

Additionally, applicant institutions submitting applications with essentially the same proposed research to two or more CDC/ATSDR NOFOs will not be funded under more than one NOFO.

Section IV. Application and Submission Information

1. Address to Request Application Package

In order to use ASSIST, applicants must visit https://public.era.nih.gov/assist where you can login using your eRA Commons credentials, and enter the Notice of Funding Opportunity Number to initiate the application, and begin the application preparation process.
If you experience problems accessing or using ASSIST, you can refer to the ASSIST Online Help Site at: https://era.nih.gov/erahelp/assist. Additional support is available from the NIH eRA Service desk via: http://grants.nih.gov/support/index.html .

- Email: commons@od.nih.gov
- Phone: 301-402-7469 or (toll-free) 1-866-504-9552. The NIH eRA Service desk is available Monday - Friday, 7 a.m. to 8 p.m. Eastern Time, excluding federal holidays.

2. Content and Form of Application Submission

It is critical that applicants follow the instructions in the SF-424 (R&R) Application Guide http://grants.nih.gov/grants/how-to-apply-application-guide.htm and here: https://grants.nih.gov/grants/how-to-apply-application-guide/forms-f/general-forms-f.pdf, except where instructed in this Notice of Funding Opportunity to do otherwise. Conformance to the requirements in the Application Guide is required and strictly enforced. Applications that are out of compliance with these instructions may be delayed or not accepted for review. The package associated with this NOFO includes all applicable mandatory and optional forms. Please note that some forms marked optional in the application package are required for submission of applications for this NOFO. Follow the instructions in the SF-424 (R&R) Application Guide to ensure you complete all appropriate "optional" components.
When using ASSIST, all mandatory forms will appear as separate tabs at the top of the Application Information screen; applicants may add optional forms available for the NOFO by

selecting the Add Optional Form button in the left navigation panel.

3. Letter of Intent

Due Date for Letter of Intent: **02/05/2021**

Although a letter of intent is not required, is not binding, and does not enter into the review of a subsequent application, the information that it contains allows NCIPC staff to estimate the potential review workload and plan the review. By the date listed above and in **Part 1. Overview Information**, prospective applicants are asked to submit a letter of intent that includes the following information:

- Name of the Applicant Organization/Institution
- Descriptive **title** of the proposed research
- Description of the research topic that includes the selected Youth Violence Prevention Strategies (at least two) and Research Areas (at least two)
- Name, address, and telephone number of the contact PD/PI
- Name of other Senior Key Personnel
- Participating institutions
- Number and title of this notice of funding opportunity announcement (NOFO)

The letter of intent should be sent to:

Mikel Walters, PhD

Scientific Review Officer

National Center for Injury Prevention and Control Centers for Disease Control and Prevention (CDC)

4770 Buford Hwy, NE, Mailstop S106-9

Atlanta, GA 30341

Email: mwalters@cdc.gov

4. Required and Optional Components

A complete application has many components, both required and optional. The forms package associated with this NOFO in Grants.gov includes all applicable components for this NOFO, required and optional. In ASSIST, all required and optional forms will appear as separate tabs at the top of the Application Information screen.

5. PHS 398 Research Plan Component

The SF424 (R&R) Application Guide includes instructions for applicants to complete a PHS 398 Research Plan that consists of components. Not all components of the Research Plan apply to all Notices of Funding Opportunities (NOFOs). Specifically, some of the following

components are for Resubmissions or Revisions only. See the SF 424 (R&R) Application Guide https://grants.nih.gov/grants/how-to-apply-application-guide/forms-f/general-forms-f.pdf and http://grants.nih.gov/grants/how-to-apply-application-guide.htm for additional information. Please attach applicable sections of the following Research Plan components as directed in Part 2, Section 1 (Notice of Funding Opportunity Description).
Follow the page limits stated in the SF 424 unless otherwise specified in the NOFO. As applicable to and specified in the NOFO, the application should include the bolded headers in this section and should address activities to be conducted over the course of the entire project, including but not limited to:

1. **Introduction to Application** (for Resubmission and Revision ONLY) - provide a clear description about the purpose of the proposed research and how it addresses the specific requirements of the NOFO.
2. **Specific Aims** – state the problem the proposed research addresses and how it will result in public health impact and improvements in population health.
3. **Research Strategy** – the research strategy should be organized under 3 headings: Significance, Innovation and Approach. Describe the proposed research plan, including staffing and time line.
4. **Progress Report Publication List** (for Continuation ONLY)

Other Research Plan Sections

5. **Vertebrate Animals**
6. **Select Agent Research**
7. **Multiple PD/PI Leadership Plan.**
8. **Consortium/Contractual Arrangements**
9. **Letters of Support**
10. **Resource Sharing Plan(s)**
11. **Authentication of Key Biological and/or Chemical Resources**
12. **Appendix**

All instructions in the SF424 (R&R) Application Guide https://grants.nih.gov/grants/how-to-apply-application-guide/forms-f/general-forms-f.pdf and here: http://grants.nih.gov/grants/how-to-apply-application-guide.htm must be followed along with any additional instructions provided in the NOFO.
Applicants that plan to collect public health data must submit a Data Management Plan (DMP) in the Resource Sharing Plan section of the PHS 398 Research Plan Component of the application. A DMP is required for each collection of public health data proposed. Applicants who contend that the public health data they collect or create are not appropriate for release must justify that contention in the DMP submitted with their application for CDC funds.
The DMP may be outlined in a narrative format or as a checklist but, at a minimum, should include:
• A description of the data to be collected or generated in the proposed project;
• Standards to be used for the collected or generated data;

• Mechanisms for, or limitations to, providing access to and sharing of the data (include a description of
provisions for the protection of privacy, confidentiality, security, intellectual property, or other rights -
this section should address access to identifiable and de-identified data);
• Statement of the use of data standards that ensure all released data have appropriate documentation that
describes the method of collection, what the data represent, and potential limitations for use; and
• Plans for archiving and long-term preservation of the data, or explaining why long-term preservation
and access are not justified (this section should address archiving and preservation of identifiable and deidentified
data).
Examples of DMPs may be found here: USGS, http://www.usgs.gov/products/data-and-tools/data-management/data-management-plans

Applicants should develop and include, as part of the application's Resource Sharing Plan section of the PHS 398 Research Plan Component section, a data management plan that meets the requirements of AR-25 using their own template. Applicants funded under this NOFO will be required to use NCIPC's Data Management Plan Template, OMB NO: 0920-1301 (Exp. Date: 06/30/2023) to make revisions to the DMP as required during the award's project period.

6. Appendix

Do not use the appendix to circumvent page limits. A maximum of 10 PDF documents are allowed in the appendix. Additionally, up to 3 publications may be included that are not publicly available. Follow all instructions for the Appendix as described in the SF424 (R&R) Application Guide.

The 3 not publicly available publications, described above and the 10 PDF files of supporting materials for the Research Plan, described below are part of the total allowable PDF documents. The 50 page limit for the appendices described below, applies to the 10 total allowable PDF documents.

7. Page Limitations

All page limitations described in this individual NOFO must be followed. For this specific NOFO, the Research Strategy component of the Research Plan narrative is limited to 40 pages. Supporting materials for the Research Plan narrative included as appendices may not exceed 10 PDF files with a maximum of 50 pages for all appendices. Pages that exceed page limits described in this NOFO will be removed and not forwarded for peer review, potentially affecting an application's score.

8. Format for Attachments

Designed to maximize system-conducted validations, multiple separate attachments are required for a complete application. When the application is received by the agency, all submitted forms

and all separate attachments are combined into a single document that is used by peer reviewers and agency staff. Applicants should ensure that all attachments are uploaded to the system.
CDC requires all text attachments to the Adobe application forms be submitted as PDFs and that all text attachments conform to the agency-specific formatting requirements noted in the SF424 (R&R) Application Guide https://grants.nih.gov/grants/how-to-apply-application-guide/forms-f/general-forms-f.pdf.

9. Submission Dates & Times

Part I. Overview Information contains information about Key Dates. Applicants are strongly encouraged to allocate additional time and submit in advance of the deadline to ensure they have time to make any corrections that might be necessary for successful submission. This includes the time necessary to complete the application resubmission process that may be necessary, if errors are identified during validation by Grants.gov and the NIH eRA systems. The application package is not complete until it has passed the Grants.gov and NIH eRA Commons submission and validation processes.
Organizations must submit applications using the ASSIST web-based application preparation and submission process.
ASSIST will validate applications before submission. If the system detects errors, then the applicant must correct errors before their application can be submitted.
Applicants are responsible for viewing their application in ASSIST after submission to ensure accurate and successful submission through Grants.gov. If the submission is not successful and post-submission errors are found, then those errors must be corrected and the application resubmitted in ASSIST.
Applicants are able to access, view, and track the status of their applications in the eRA Commons.
Information on the submission process is provided in the SF-424 (R&R) Application Guidance and ASSIST User Guide at https://era.nih.gov/files/ASSIST_user_guide.pdf.
Note: HHS/CDC grant submission procedures do not provide a grace period beyond the grant application due date time to correct any error or warning notices of noncompliance with application instructions that are identified by Grants.gov or eRA systems (i.e. error correction window).
Applicants who encounter problems when submitting their applications must attempt to resolve them by contacting the NIH eRA Service desk at:
Toll-free: 1-866-504-9552; Phone: 301-402-7469
http://grants.nih.gov/support/index.html
Hours: Mon-Fri, 7 a.m. to 8 p.m. Eastern Time (closed on federal holidays)

Problems with Grants.gov can be resolved by contacting the Grants.gov Contact Center at:
Toll-free: 1-800-518-4726
https://www.grants.gov/web/grants/support.html
support@grants.gov
Hours: 24 hours a day, 7 days a week; closed on Federal holidays

It is important that applicants complete the application submission process well in advance of the due date time.

After submission of your application package, applicants will receive a "submission receipt" email generated by Grants.gov. Grants.gov will then generate a second e-mail message to applicants which will either validate or reject their submitted application package. A third and final e-mail message is generated once the applicant's application package has passed validation and the grantor agency has confirmed receipt of the application.

Unsuccessful Submissions: If an application submission was unsuccessful, the **applicant** must:

1. Track submission and verify the submission status (tracking should be done initially regardless of rejection or success).

    a. If the status states "rejected," be sure to save time stamped, documented rejection notices, and do #2a or #2b

2. Check emails from both Grants.gov and NIH eRA Commons for rejection notices.

    a. If the deadline has passed, he/she should email the Grants Management contact listed in the Agency Contacts section of this announcement explaining why the submission failed.
    b. If there is time before the deadline, correct the problem(s) and resubmit as soon as possible.

Due Date for Applications: **04/21/2021**

Electronically submitted applications must be submitted no later than 5:00 p.m., ET, on the listed application due date.

10. Intergovernmental Review (E.O. 12372)

Your application is subject to Intergovernmental Review of Federal Programs, as governed by Executive Order 12372 (https://www.archives.gov/federal-register/codification/executive-order/12372.html). This order sets up a system for state and local review of proposed federal assistance applications. You should contact your state single point of contact (SPOC) as early as possible to alert the SPOC to prospective applications, and to receive instructions on your state's process. Click on the following link to get the current SPOC list: https://www.whitehouse.gov/wp-content/uploads/2020/04/SPOC-4-13-20.pdf.

11. Funding Restrictions

Expanded Authority:
For more information on expanded authority and pre-award costs, go to https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf and speak to your GMS.
All HHS/CDC awards are subject to the federal regulations, 45 CFR 75, terms and conditions, and other requirements described in the HHS Grants Policy Statement. Pre-award costs may be allowable as an expanded authority, but only if authorized by CDC.

Protecting Life in Global Health Assistance:

In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (https://www.cdc.gov/grants/additional-requirements/ar-35.html).

Public Health Data:
CDC requires that mechanisms for, and cost of, public health data sharing be included in grants, cooperative agreements, and contracts. The cost of sharing or archiving public health data may also be included as part of the total budget requested for first-time or continuation awards.

Data Management Plan:
Fulfilling the data-sharing requirement must be documented in a Data Management Plan (DMP) that is developed during the project planning phase prior to the initiation of generating or collecting public health data and must be included in the Resource Sharing Plan(s) section of the PHS398 Research Plan Component of the application.
Applicants who contend that the public health data they collect or create are not appropriate for release must justify that contention in the DMP submitted with their application for CDC funds (for example, privacy and confidentiality considerations, embargo issues).

Recipients who fail to release public health data in a timely fashion will be subject to procedures normally used to address lack of compliance (for example, reduction in funding, restriction of funds, or award termination) consistent with 45 CFR 74.62 or other authorities as appropriate. For further information, please see: https://www.cdc.gov/grants/additional-requirements/ar-25.html for revised AR-25.

Human Subjects:
Funds relating to the conduct of research involving human subjects will be restricted until the appropriate assurances and Institutional Review Board (IRB) approvals are in place. Copies of all current local IRB approval letters and local IRB approved protocols (and CDC IRB approval letters, if applicable) will be required to lift restrictions.
If the proposed research project involves more than one institution and will be conducted in the United States, awardees are expected to use a single Institutional Review Board (sIRB) to conduct the ethical review required by HHS regulations for the Protections of Human Subjects Research, and include a single IRB plan in the application, unless review by a sIRB would be prohibited by a federal, tribal, or state law, regulation, or policy or a compelling justification based on ethical or human subjects protection issues or other well-justified reasons is provided. Exceptions will be reviewed and approved by CDC in accordance with Department of Health and Human Services (DHHS) Regulations (Title 45 Code of Federal Regulations Part 46), or a restriction may be placed on the award. For more information, please contact the scientific/research contact included on this NOFO.

Note: The sIRB requirement applies to participating sites in the United States. Foreign sites participating in CDC-funded, cooperative research studies are not expected to follow the requirement for sIRB.

12. Other Submission Requirements and Information

Risk Assessment Questionnaire Requirement

CDC is required to conduct pre-award risk assessments to determine the risk an applicant poses to meeting federal programmatic and administrative requirements by taking into account issues such as financial instability, insufficient management systems, non-compliance with award conditions, the charging of unallowable costs, and inexperience. The risk assessment will include an evaluation of the applicant's CDC Risk Questionnaire, located at https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf, as well as a review of the applicant's history in all available systems; including OMB-designated repositories of government-wide eligibility and financial integrity systems (see 45 CFR 75.205(a)), and other sources of historical information. These systems include, but are not limited to: FAPIIS (https://www.fapiis.gov/), including past performance on federal contracts as per Duncan Hunter National Defense Authorization Act of 2009; Do Not Pay list; and System for Award Management (SAM) exclusions.

CDC requires all applicants to complete the Risk Questionnaire, OMB Control Number 0920-1132 annually. This questionnaire, which is located at https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf, along with supporting documentation must be submitted with your application by the closing date of the Notice of Funding Opportunity Announcement. Upload the questionnaire and supporting documents as an attachment in the "12. Other Attachments" section of the "RESEARCH & RELATED Other Project Information" section of the application. If your organization has completed CDC's Risk Questionnaire within the past 12 months of the closing date of this NOFO, then you must submit a copy of that questionnaire, or submit a letter signed by the authorized organization representative to include the original submission date, organization's EIN and DUNS.

When uploading supporting documentation for the Risk Questionnaire into this application package, clearly label the documents for easy identification of the type of documentation. For example, a copy of Procurement policy submitted in response to the questionnaire may be labeled using the following format: Risk Questionnaire Supporting Documents _ Procurement Policy.

Duplication of Efforts

Applicants are responsible for reporting if this application will result in programmatic, budgetary, or commitment overlap with another application or award (i.e. grant, cooperative agreement, or contract) submitted to another funding source in the same fiscal year. Programmatic overlap occurs when (1) substantially the same project is proposed in more than one application or is submitted to two or more funding sources for review and funding consideration or (2) a specific objective and the project design for accomplishing the objective

are the same or closely related in two or more applications or awards, regardless of the funding source. Budgetary overlap occurs when duplicate or equivalent budgetary items (e.g., equipment, salaries) are requested in an application but already are provided by another source. Commitment overlap occurs when an individual's time commitment exceeds 100 percent, whether or not salary support is requested in the application. Overlap, whether programmatic, budgetary, or commitment of an individual's effort greater than 100 percent, is not permitted. Any overlap will be resolved by the CDC with the applicant and the PD/PI prior to award. Report Submission: The applicant must upload the report under "Other Attachment Forms." The document should be labeled: "Report on Programmatic, Budgetary, and Commitment Overlap."

Application Submission
Applications must be submitted electronically following the instructions described in the SF 424 (R&R) Application Guide. **PAPER APPLICATIONS WILL NOT BE ACCEPTED.**

Applicants must complete all required registrations before the application due date. Section III.6 "Required Registrations" contains information about registration.

For assistance with your electronic application or for more information on the electronic submission process, visit Applying Electronically (https://grants.nih.gov/grants/how-to-apply-application-guide.html).

Important reminders:
All PD/PIs must include their eRA Commons ID in the Credential field of the Senior/Key Person Profile Component of the SF 424(R&R) Application Package. Failure to register in the Commons and to include a valid PD/PI Commons ID in the credential field will prevent the successful submission of an electronic application to CDC.
The applicant organization must ensure that the DUNS number it provides on the application is the same number used in the organization's profile in the eRA Commons and for the System for Award Management (SAM). Additional information may be found in the SF424 (R&R) Application Guide.
If the applicant has an FWA number, enter the 8-digit number. Do not enter the letters "FWA" before the number. If a Project/Performance Site is engaged in research involving human subjects, the applicant organization is responsible for ensuring that the Project/Performance Site operates under and appropriate Federal Wide Assurance for the protection of human subjects and complies with 45 CFR Part 46 and other CDC human subject related policies described in Part II of the SF 424 (R&R) Application Guide and in the HHS Grants Policy Statement.

See more resources to avoid common errors and submitting, tracking, and viewing applications:

- http://grants.nih.gov/grants/ElectronicReceipt/avoiding_errors.htm

- http://grants.nih.gov/grants/ElectronicReceipt/submit_app.htm
- https://era.nih.gov/files/ASSIST_user_guide.pdf
- http://era.nih.gov/erahelp/ASSIST/

Upon receipt, applications will be evaluated for completeness by the CDC Office of Grants Services (OGS) and responsiveness by OGS and the Center, Institute or Office of the CDC. Applications that are incomplete and/or nonresponsive will not be reviewed.

Section V. Application Review Information

1. Criteria

Only the review criteria described below will be considered in the review process. As part of the CDC mission (https://www.cdc.gov/about/organization/mission.htm), all applications submitted to the CDC in support of public health research are evaluated for scientific and technical merit through the CDC peer review system.

Overall Impact
Reviewers will provide an overall impact/priority score to reflect their assessment of the likelihood for the project to exert a sustained, powerful influence on the research field(s) involved, in consideration of the following review criteria and additional review criteria (as applicable for the project proposed).

Scored Review Criteria
Reviewers will consider each of the review criteria below in the determination of scientific merit, and give a separate score for each. An application does not need to be strong in all categories to be judged likely to have major scientific impact. For example, a project that by its nature is not innovative may be essential to advance a field.

Significance

Does the project address an important problem or a critical barrier to progress in the field? If the aims of the project are achieved, how will scientific knowledge, technical capability, and/or clinical practice be improved? How will successful completion of the aims change the concepts, methods, technologies, treatments, services, or preventative interventions that drive this field?

Exclusionary Criteria:

Does the application propose to evaluate the following strategies, including online or in-person adaptations, that will not be considered for funding at the second level of review?:

- Universal school-based programs, parenting and family relationship programs, Youth Empowerment Solutions (YES), Crime Prevention Through Environmental Design (CPTED) in neighborhoods (e.g., greening, abandoned building/vacant lot remediation), business improvement districts (BIDs), prevention planning systems (e.g., Communities

That Care (CTC), Promoting School-Community University Partnerships to Enhance Resilience (PROSPER Partnership Model), and national- and state-level policies [i.e., the earned income tax credit (EITC), Medicaid expansion, and school vouchers].

Does the application propose to evaluate the following prevention strategies that will not be considered for funding consideration at the second level of review without the specified innovation?:

- Evaluation of a youth violence prevention hospital-based program with established effectiveness (e.g., SafERteens, Project SYNC, Caught in the Crossfire), including adaptations of the existing evidence-based program, that does not include the evaluation of a scaled multi-hospital implementation of the established hospital-based violence prevention program.
- Evaluation of a prevention strategy to reduce online violence related behavior without also evaluating the effects on community rates of youth violence in the physical world.
- Evaluation of street outreach approaches, bystander interventions, and bullying/cyber-bullying interventions without the inclusion of an online intervention component.

General Criteria:

Does the combined activities of the Core Areas (Administrative, Training and Education, and Research) and research projects address important problems or critical barriers to progress in the field of Youth Violence?

To what extent will the proposed research activities address the needs of specific populations of youth living in the selected community experiencing high rates of youth violence?

What is the potential impact of the center in addressing a local, state, regional or national health need related to youth violence prevention and control?

Does the proposed center address gaps in regional, state or local youth violence prevention infrastructure?

Does the creation or continuation of a particular center push forward the field of youth violence prevention?

To what extent will the successful completion of the proposed activities significantly advance current scientific knowledge, technical capability, and public health practice for preventing community rates of youth violence?

Based on the description of the selected communities and proposed prevention strategies, what is the potential for the proposed strategies to have a significant impact on reducing community rates of youth violence during the project period and to produce generalizable knowledge that can inform prevention in other communities?

Investigator(s)

Are the PD/PIs, collaborators, and other researchers well suited to the project? Have they demonstrated an ongoing record of accomplishments that have advanced their field(s)? If the project is collaborative or multi-PD/PI, do the investigators have complementary and integrated expertise; are their leadership approach, governance and organizational structure appropriate for the project?

To what extent does the PI and/or Co-I have experience appropriate for the depth and breadth of the proposed center research, proposed goals, and activities? To what extent does the PI and/or Co-I have adequate leadership experience, institutional authority, and commitment of time to adequately manage a Youth Violence Prevention Center and direct all the proposed research activities?

Does the applicant's proposed research team and center staff indicate likely success in achieving the proposed center goals?

To what extent does the PI and/or Co-I or other members of the research team have expertise designing, implementing, and evaluating violence prevention strategies in communities with high rates of violence and disseminating results as evidenced by the included SF-424 Biographical Sketches?

To what extent does the research team have experience in conducting and disseminating research consistent with the selected two (or more) prevention strategies and Research Areas?

To what extent has the PI and/or Co-I published the findings from previous U.S. government-supported effectiveness research in peer-reviewed journals in the area of youth violence prevention or violence prevention?

Innovation

Does the application challenge and seek to shift current research or clinical practice paradigms by utilizing novel theoretical concepts, approaches or methodologies, instrumentation, or interventions? Are the concepts, approaches or methodologies, instrumentation, or interventions novel to one field of research or novel in a broad sense? Is a refinement, improvement, or new application of theoretical concepts, approaches or methodologies, instrumentation, or interventions proposed?

How well does the application describe the innovative nature of the proposed work including how it will advance the science of youth violence prevention and build upon, rather than duplicate, previous or current research?

Do the proposed prevention strategies represent innovative approaches to prevent youth violence that are well supported by the applicant's description of previous research and Theory of Change?

To what extent does the applicant propose to use innovative data sources, platforms, and methods to detect decreasing or escalating rates of youth violence?

To what extent does the proposed research address identified gaps in two of the four research areas and to what extent are the proposed prevention strategies likely to reduce community rates of youth violence?

Approach

Are the overall strategy, methodology, and analyses well-reasoned and appropriate to accomplish the specific aims of the project? Are potential problems, alternative strategies, and benchmarks for success presented? If the project is in the early stages of development, will the strategy establish feasibility and will particularly risky aspects be managed?
If the project involves clinical research, are there plans for 1) protection of human subjects from research risks, and 2) inclusion of minorities and members of both sexes/genders, as well as the inclusion of children, justified in terms of the scientific goals and research strategy proposed?

How well is the center administration structure designed? Are there appropriate administrative arrangements and facilities to stimulate collaboration among major areas and personnel (i.e. administrative, research and training)?

To what extent does the application describe the potential impact of the training activities program in meeting the needs for youth violence prevention?

To what extent does the application describe the potential impact of the Youth Advisory Council in meeting the overall goals of the NOFO? How well is the Youth Advisory Council structured and to what degree will the Youth Advisory Council help advance the research aims?

To what extent does the applicant demonstrate a willingness to participate in the YVPC

Network, including collaborating with other funded YVPCs to identify common indicators of youth violence and to disseminate effective strategies?

Does the applicant propose training activities for early career and junior researchers in youth violence prevention that includes opportunities for scholarship throughout the project period? How well is the Early Career or Junior Research training plan structured to support training?

To what extent does the applicant clearly describe how the geographically defined community or set of communities with high rates of youth violence compare and contrast with, and is/are appropriately matched to the comparison community od set of communities (if relevant to the applicant's proposed rigorous experimental or quasi-experimental evaluation design)?

Does the applicant fully address the YVPC Prevention Strategies and Research Areas? How feasible is the design, implementation, and rigorous evaluation of the effectiveness of the proposed prevention strategies in reducing community rates of youth violence during the project period?

To what extent does the proposed research describe an appropriate and rigorous experimental or quasi-experimental evaluation design for assessing effectiveness on community rates of youth violence for all proposed prevention strategies, including examination of any proposed secondary outcomes, such as mediators and moderators, process or implementation data, cost data, as well as potential threats to internal and external validity of the evaluation design?

Does the applicant propose a study with adequate sample size to test the proposed hypotheses? To what extent does the application specify how recruitment strategies will be sufficient to achieve the projected sample size? Are appropriate strategies proposed to assure sample retention and adequate statistical power over time?

Does the application include empirical support or documented evidence, where applicable, that the proposed prevention strategies will be of sufficient strength, dose, and reach to achieve hypothesized impact(s) on community rates of youth violence during the project period?

Does the applicant appropriately anticipate, conceptualize, and measure the intended and potential unintended outcomes relevant to the study proposed?

Does the applicant demonstrate the ability to collect and/or access valid and reliable data for all the proposed measures and complete proposed analyses in the project period? Are these data appropriate for documenting the research and likely to show the expected changes in the time available? If assistance is needed by any organization to collect or access data, does the

applicant demonstrate support by all relevant organizations through letters of support (LOS), data sharing agreements, or memoranda of understanding (MOU)?

If an applicant proposes to evaluate an online prevention strategy, to what extent does the applicant propose data sources and methods to detect changes in community rates of youth violence online and offline?

To what extent does the applicant propose a research and evaluation design that will determine the effectiveness of the proposed prevention strategies in the selected community or communities?

Does the applicant provide evidence of the potential for widespread dissemination, implementation, and sustainability of the proposed prevention strategies to ensure that if effective, strategies could be implemented and sustained by communities (i.e., without prohibitive costs or resources), including plans to ensure that the program, practice, or policy is sufficiently documented to allow for replication or dissemination in other settings?

Does the applicant provide a description of how community conditions (e.g., health conditions such as COVID-19 and influenza, budget, changes in how community programs are delivered) may impact the implemented prevention strategies and how any related impacts on implementation and evaluation would be addressed to ensure a robust evaluation at the conclusion of the funding period?

Environment

Will the scientific environment in which the work will be done contribute to the probability of success? Are the institutional support, equipment and other physical resources available to the investigators adequate for the project proposed? Will the project benefit from unique features of the scientific environment, subject populations, or collaborative arrangements?

To what extent does the described scientific environment reflect the necessary support staffing, collaborations, community partners, and involvement of community representatives including youth to rigorously evaluate the prevention effects of the proposed prevention strategies on community rates of youth violence?

To what extent does the applicant describe the development, incorporation, and sustainability of a youth advisory council in the proposed research activities and throughout the project period?

To what extent does the support from the applicant's institutional and key leaders and organization of the selected community indicate likely success in achieving proposed center

activities?

Are all of the partnerships necessary to complete the proposed project supported by letters of support or memoranda of understanding that include detailed information about the nature of existing the relationships? Do the letters of support or memoranda of understanding clearly describe the working relationships between the research institution and all partner organizations? Do the LOS or MOUs include detailed information about the nature of existing relationships and the anticipated extent of involvement and scope of work to which community organizations, community leaders, and other partners are willing to commit to ensure the successful implementation and evaluation of the prevention strategies, including providing or facilitating access to relevant study participants, implementation or outcome data?

To what extent does the community partnership plan demonstrate substantive community engagement and the role partners will play in the identification, development, implementation, and evaluation of the selected prevention strategies?

Does the application include a description of the organizational structure of the Center with a clearly explained staffing plan with defined roles and responsibilities of all proposed investigators and Center staff?

Does the applicant designate a full-time project coordinator with the necessary experience and skills required to coordinate operations and logistics?

Does the proposed staffing plan allocate sufficient staff time for collecting, obtaining, analyzing, and reporting all necessary data related to the research activities including process, short-term, and long-term outcome measures?

Does the applicant have reasonable physical proximity to the selected community (or set of communities) to accomplish the proposed work? In the absence of physical proximity, does the applicant have the necessary relationships in place to remotely implement the selected strategy and access data to conduct the proposed evaluation?

How strong is the institutional commitment to the proposed Center? To what extent do the plans for institutional funding provide for continued support beyond the five years of NCIPC support? Are there plans for sustainability of the Center after the five years of CDC support if additional funding from CDC is not obtained?

2. Additional Review Criteria

As applicable for the project proposed, *reviewers will evaluate* the following additional items while determining scientific and technical merit, and in providing an overall impact/priority

score, but *will not give separate scores* for these items.

Protections for Human Subjects
If the research involves human subjects but does not involve one of the six categories of research that are exempt under 45 CFR Part 46, the committee will evaluate the justification for involvement of human subjects and the proposed protections from research risk relating to their participation according to the following five review criteria: 1) risk to subjects, 2) adequacy of protection against risks, 3) potential benefits to the subjects and others, 4) importance of the knowledge to be gained, and 5) data and safety monitoring for clinical trials.

For research that involves human subjects and meets the criteria for one or more of the six categories of research that are exempt under 45 CFR Part 46, the committee will evaluate: 1) the justification for the exemption, 2) human subjects involvement and characteristics, and 3) sources of materials. For additional information on review of the Human Subjects section, please refer to the HHS/CDC Requirements under AR-1 Human Subjects Requirements (https://www.cdc.gov/grants/additionalrequirements/ar-1.html).

If your proposed research involves the use of human data and/or biological specimens, you must provide a justification for your claim that no human subjects are involved in the Protection of Human Subjects section of the Research Plan.

Inclusion of Women, Minorities, and Children
When the proposed project involves clinical research, the committee will evaluate the proposed plans for inclusion of minorities and members of both genders, as well as the inclusion of children. For additional information on review of the Inclusion section, please refer to the policy on the Inclusion of Women and Racial and Ethnic Minorities in Research (https://www.cdc.gov/maso/Policy/Policy_women.pdf and the policy on the Inclusion of Persons Under 21 in Research (https://www.cdc.gov/maso/Policy/policy496.pdf).

Vertebrate Animals
The committee will evaluate the involvement of live vertebrate animals as part of the scientific assessment according to the following four points: 1) proposed use of the animals, and species, strains, ages, sex, and numbers to be used; 2) justifications for the use of animals and for the appropriateness of the species and numbers proposed; 3) procedures for limiting discomfort, distress, pain and injury to that which is unavoidable in the conduct of scientifically sound research including the use of analgesic, anesthetic, and tranquilizing drugs and/or comfortable restraining devices; and 4) methods of euthanasia and reason for selection if not consistent with the AVMA Guidelines on Euthanasia. For additional information on review of the Vertebrate Animals section, please refer to the Worksheet for Review of the Vertebrate Animal Section (https://olaw.nih.gov/guidance/vertebrate-animal-section.htm).

Biohazards
Reviewers will assess whether materials or procedures proposed are potentially hazardous to research personnel and/or the environment, and if needed, determine whether adequate protection is proposed.

Dual Use Research of Concern
Reviewers will identify whether the project involves one of the agents or toxins described in the US Government Policy for the Institutional Oversight of Life Sciences Dual Use Research of Concern, and, if so, whether the applicant has identified an IRE to assess the project for DURC potential and develop mitigation strategies if needed.

For more information about this Policy and other policies regarding dual use research of concern, visit the U.S. Government Science, Safety, Security (S3) website at: http://www.phe.gov/s3/dualuse. Tools and guidance for assessing DURC potential may be found at: http://www.phe.gov/s3/dualuse/Pages/companion-guide.aspx.

3. Additional Review Considerations

As applicable for the project proposed, reviewers will consider each of the following items, but will not give scores for these items, and should not consider them in providing an overall impact/priority score.

Resource Sharing Plan(s)
HHS/CDC policy requires that recipients of grant awards make research resources and data readily available for research purposes to qualified individuals within the scientific community after publication. Please see: https://www.cdc.gov/grants/additionalrequirements/ar-25.html

New additional requirement: CDC requires recipients for projects and programs that involve data collection or generation of data with federal funds to develop and submit a Data Management Plan (DMP) for each collection of public health data.

Investigators responding to this Notice of Funding Opportunity should include a detailed DMP in the Resource Sharing Plan(s) section of the PHS 398 Research Plan Component of the application. The AR-25 outlines the components of a DMP and provides additional information for investigators regarding the requirements for data accessibility, storage, and preservation.

The DMP should be developed during the project planning phase prior to the initiation of collecting or generating public health data and will be submitted with the application. The submitted DMP will be evaluated for completeness and quality at the time of submission.

The DMP should include, at a minimum, a description of the following:

- A description of the data to be collected or generated in the proposed project;
- Standards to be used for the collected or generated data;
- Mechanisms for, or limitations to, providing access to and sharing of the data (include a description of provisions for the protection of privacy, confidentiality, security, intellectual property, or other rights - this section should address access to identifiable and de-identified data);

• Statement of the use of data standards that ensure all released data have appropriate documentation that describes the method of collection, what the data represent, and potential limitations for use; and
• Plans for archiving and long-term preservation of the data, or explaining why long-term preservation and access are not justified (this section should address archiving and preservation
of identifiable and de-identified data).

Applications submitted without the required DMP may be deemed ineligible for award unless submission of DMP is deferred to a later period depending on the type of award, in which case, funding restrictions may be imposed pending submission and evaluation.

Budget and Period of Support

Reviewers will consider whether the budget and the requested period of support are fully justified and reasonable in relation to the proposed research. The applicant can obtain guidance for completing a detailed justified budget on the CDC website, at the following Internet address: http://www.cdc.gov/grants/interestedinapplying/applicationresources.html

The budget can include both direct costs and indirect costs as allowed.

Indirect costs could include the cost of collecting, managing, sharing and preserving data.

Indirect costs on grants awarded to foreign organizations and foreign public entities and performed fully outside of the territorial limits of the U.S. may be paid to support the costs of compliance with federal requirements at a fixed rate of eight percent of modified total direct costs exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of $25,000. Negotiated indirect costs may be paid to the American University, Beirut, and the World Health Organization.

Indirect costs on training grants are limited to a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and sub-awards in excess of $25,000.

If requesting indirect costs in the budget based on a federally negotiated rate, a copy of the indirect cost rate agreement is required. Include a copy of the current negotiated federal indirect cost rate agreement or cost allocation plan approval letter.

4. Review and Selection Process

Applications will be evaluated for scientific and technical merit by an appropriate peer review group, in accordance with CDC peer review policy and procedures, using the stated review criteria.

As part of the scientific peer review, all applications:

- Will undergo a selection process in which only those applications deemed to have the highest scientific and technical merit (generally the top half of applications under review), will be discussed and assigned an overall impact/priority score.

- Will receive a written critique.

Applications will be assigned to the appropriate HHS/CDC Center, Institute, or Office. Applications will compete for available funds with all other recommended applications submitted in response to this NOFO. Following initial peer review, recommended applications will receive a second level of review. The following will be considered in making funding recommendations:

- Scientific and technical merit of the proposed project as determined by scientific peer review.
- Availability of funds.
- Relevance of the proposed project to program priorities.

- Contribution to a diverse mix of strategies in proposed research to address NCIPC's research priorities for reducing youth violence.
- Geographic balance of proposed projects to broaden the reach of interventions for the prevention of youth violence across the Nation.
- Consideration for applications proposing to address a gap in regional, state, or local youth violence prevention infrastructure.
- Consideration for applications proposing the creation of a new Youth Violence Prevention Center (i.e., a YVPC not previously funded by CDC) that advances the field of youth violence prevention.
- Consideration for applicant organizations from or conducting research in collaboration or partnership with Minority Serving Educational Institutions, (MSIs) i.e., Hispanic Serving Institutions (HSIs), Historically Black Colleges and Universities (HBCUs), Tribal Colleges and Universities (TCUs), or Alaska Native and Native Hawaiian Serving Institutions, as defined by the U.S. Department of Education, to broaden distribution of awards.
- Exclusion from funding consideration, **regardless of the scientific or technical merit of the proposed project**, of applications that propose to evaluate the following specified strategies, including online or in-person adaptations of these strategies: universal school-based programs, parenting and family relationship programs, Youth Empowerment Solutions (YES), Crime Prevention Through Environmental Design (CPTED) in neighborhoods (e.g., greening, abandoned building/vacant lot remediation), business improvement districts (BIDs), prevention planning systems (e.g., Communities That Care (CTC), Promoting School-Community University Partnerships to Enhance Resilience (PROSPER Partnership Model), and national- and state-level policies [i.e., the earned income tax credit (EITC), Medicaid expansion, and school vouchers].
- Exclusion from funding consideration, **regardless of the scientific or technical merit of the proposed project**, of applications that propose to evaluate the following prevention strategies without the specified innovative element:
    - Evaluation of a youth violence prevention hospital-based program with established effectiveness (e.g., SafERteens, Project SYNC, Caught in the Crossfire), including adaptations of the existing evidence-based program, that does not include the evaluation of a scaled multi-hospital implementation of the established hospital-based violence prevention program.

- Evaluation of a prevention strategy to reduce online violence related behavior without also evaluating the effects on community rates of youth violence in the physical world.
- Evaluation of street outreach approaches, bystander interventions, and bullying/cyber-bullying interventions without the inclusion of an online intervention component.

Review of risk posed by applicants.
Prior to making a Federal award, CDC is required by 31 U.S.C. 3321 and 41 U.S.C. 2313 to review information available through any OMB-designated repositories of government-wide eligibility qualification or financial integrity information as appropriate. See also suspension and debarment requirements at 2 CFR parts 180 and 376.

In accordance 41 U.S.C. 2313, CDC is required to review the non-public segment of the OMB-designated integrity and performance system accessible through SAM (currently the Federal Recipient Performance and Integrity Information System (FAPIIS)) prior to making a Federal award where the Federal share is expected to exceed the simplified acquisition threshold, defined in 41 U.S.C. 134, over the period of performance. At a minimum, the information in the system for a prior Federal award recipient must demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics. CDC may make a Federal award to a recipient who does not fully meet these standards, if it is determined that the information is not relevant to the current Federal award under consideration or there are specific conditions that can appropriately mitigate the effects of the non-Federal entity's risk in accordance with 45 CFR §75.207.

CDC's framework for evaluating the risks posed by an applicant may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If it is determined that a Federal award will be made, special conditions that correspond to the degree of risk assessed may be applied to the Federal award. The evaluation criteria is described in this Notice of Funding Opportunity.

In evaluating risks posed by applicants, CDC will use a risk-based approach and may consider any items such as the following:

(1) Financial stability;
(2) Quality of management systems and ability to meet the management standards prescribed in this part;
(3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;
(4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and

(5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions restrict Federal awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

5. Anticipated Announcement and Award Dates

After the peer review of the application is completed, the PD/PI will be able to access his or her Summary Statement (written critique) and other pertinent information via the eRA Commons.

Section VI. Award Administration Information

1. Award Notices

Any applications awarded in response to this NOFO will be subject to the DUNS, SAM Registration, and Transparency Act requirements. If the application is under consideration for funding, HHS/CDC will request "just-in-time" information from the applicant as described in the HHS Grants Policy Statement (https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf).

A formal notification in the form of a Notice of Award (NoA) will be provided to the applicant organization for successful applications. The NoA signed by the Grants Management Officer is the authorizing document and will be sent via email to the grantee's business official.

Recipient must comply with any funding restrictions as described in Section IV.11. Funding Restrictions. Selection of an application for award is not an authorization to begin performance. Any costs incurred before receipt of the NoA are at the recipient's risk. These costs may be allowable as an expanded authority, but only if authorized by CDC.

2. CDC Administrative Requirements

Overview of Terms and Conditions of Award and Requirements for Specific Types of Grants

Administrative and National Policy Requirements, Additional Requirements (ARs) outline the administrative requirements found in 45 CFR Part 75 and the HHS Grants Policy Statement and other requirements as mandated by statute or CDC policy. Recipients must comply with administrative and national policy requirements as appropriate. For more information on the Code of Federal Regulations, visit the National Archives and Records Administration: https://www.archives.gov/federal-register/cfr.

Specific requirements that apply to this NOFO are the following:

Specific requirements that apply to this NOFO are the following:

AR-1: Human Subjects Requirements

AR-2: Requirements for Inclusion of Women and Racial and Ethnic Minorities in Research

AR-3: Animal Subjects Requirements

AR-7: Executive Order 12372 Review

AR-9: Paperwork Reduction Act Requirements

AR-10: Smoke-Free Workplace Requirements

AR-11: Healthy People 2020

AR-12: Lobbying Restrictions

AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities

AR-14: Accounting System Requirements

AR-16: Security Clearance Requirement

AR-21: Small, Minority, And Women-owned Business

AR-22: Research Integrity

AR-24: Health Insurance Portability and Accountability Act Requirements

AR-25: Data Management and Access

AR-26: National Historic Preservation Act of 1966

AR-28: Inclusion of Persons Under the Age of 21 in Research

AR-29: Compliance with EO13513, “Federal Leadership on Reducing Text Messaging while Driving”, October 1, 2009

AR-30: Information Letter 10-006, - Compliance with Section 508 of the Rehabilitation Act of 1973

AR-31: Research Definition

AR-32: Appropriations Act, General Provisions

AR-33: United States Government Policy for Institutional Oversight of Life Sciences Dual Use Research of Concern

AR-34: Language Access for Persons with Limited English Proficiency

AR-36: ; Certificates of Confidentiality

Organization Specific ARs:

AR-8: Public Health System Reporting Requirements

AR-15: Proof of Non-profit Status

AR 23: Compliance with 45 C.F.R. Part 87

The full text of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, 45 CFR 75, can be found at: https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75

Brief descriptions of relevant CDC additional requirements can be viewed on the CDC website: http://www.cdc.gov/grants/additionalrequirements/index.html.

Additional CDC Award Requirements
The following Additional Requirements, some of which emphasize and expand upon those above, will be required for all recipients funded under this NOFO:

"**Additional Requirement-25: Data Management and Access**" (AR-25) - All award recipients under this NOFO will be required to provide open data, open code, and open access to research articles as a part of the requirement for submission of a Data Management Plan under AR-25. The DMP and the inclusion of these specific requirements is consistent with the National Science Foundation's open science principles. Plans for compliance specifically with the open data, open code, within the Data Management Plan (DMP), should be described at the time of application. All award recipients under this NOFO will be required to complete pre-registration of the research project(s) using publicly available platforms or ClinicalTrials.gov as applicable, consistent with the National Science Foundation's open science principles. The platform for intended pre-registration should be described in the Research Plan at the time of application. All award recipients under this NOFO will be required to make data publicly available within 30 months of completing data collection, this includes making source code available to the public, and ensuring open access to research publications consistent with the National Science Foundation's open science principle.

Applicants should develop and include, as part of the application's Resource Sharing Plan section of the PHS 398 Research Plan Component section, a data management plan that meets the requirements of AR-25 using their own template. Applicants funded under this NOFO will be required to use NCIPC's Data Management Plan Template, OMB NO: 0920-1301 (Exp. Date: 06/30/2023) to make revisions to the DMP as required during the award's project period.

The CDC will follow established implementation schedules and procedures for making grant awards under this NOFO in accordance with HHS and CDC Policy for Grant Program Administration and CDC Policy for Peer Review of Research and Scientific Programs to ensure that these awards support ideologically and politically unbiased research projects.

Paperwork Reduction Act / Information Collection
Applicants are advised that any activities involving information collection (i.e., posting similar questions or requirements via surveys, questionnaires, telephonic requests, focus groups, etc.) from 10 or more non-Federal entities/persons, including states, are subject to Paperwork Reduction Act (PRA) requirements and may or may not be subject to approval by the Office of

Management and Budget (OMB) under the Paperwork Reduction Act (PRA) prior to the start of information collection activities. PRA applicability will depend on the level of CDC involvement with the development, collection, and management of information/data.

CDC Assurances and Certifications
All applicants are required to sign and submit "Assurances and Certifications" documents indicated at http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm. Applicants may follow either of the following processes:

- Complete the applicable assurances and certifications on an annual basis, name the file "Assurances and Certifications" and upload it as a PDF file at www.grants.gov or
- Complete the applicable assurances and certifications and submit them directly to CDC on an annual basis at: http://wwwn.cdc.gov/grantassurances/(S(mj444mxct51lnrv1hljjjmaa))/Homep age.aspx

Assurances and certifications submitted directly to CDC will be kept on file for one year and will apply to all applications submitted to CDC by the applicant within one year of the submission date.

3. Additional Policy Requirements

The following are additional policy requirements relevant to this NOFO:
HHS Policy on Promoting Efficient Spending: Use of Appropriated Funds for Conferences and Meetings, Food, Promotional Items and Printing Publications This policy supports the Executive Order on Promoting Efficient Spending (EO 13589), the Executive Order on Delivering and Efficient, Effective, and Accountable Government (EO 13576) and the Office of Management and Budget Memorandum on Eliminating Excess Conference Spending and Promoting Efficiency in Government (M-35-11). This policy apply to all new obligations and all funds appropriated by Congress. For more information, visit the HHS website at: https://www.hhs.gov/grants/contracts/contract-policies-regulations/efficient-spending/index.html.

Federal Funding Accountability and Transparency Act of 2006 Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252, requires full disclosure of all entities and organizations receiving Federal funds including grants, contracts, loans and other assistance and payments through a single, publicly accessible website, www.usaspending.gov. For the full text of the requirements, please review the following website: https://www.fsrs.gov/.

Plain Writing Act The Plain Writing Act of 2010, Public Law 111-274 was signed into law on October 13, 2010. The law requires that federal agencies use "clear Government communication that the public can understand and use" and requires the federal government to write all new publications, forms, and publicly distributed documents in a "clear, concise, well-organized" manner. For more information on this law, go to: http://www.plainlanguage.gov/plLaw/index.cfm.

Pilot Program for Enhancement of Employee Whistleblower Protections All applicants will

be subject to a term and condition that applies the terms of 48 CFR section 3.908 to the award and requires that grantees inform their employees in writing (in the predominant native language of the workforce) of employee whistleblower rights and protections under 41 U.S.C. 4712.

Copyright Interests Provision This provision is intended to ensure that the public has access to the results and accomplishments of public health activities funded by CDC. Pursuant to applicable grant regulations and CDC's Public Access Policy, Recipient agrees to submit into the National Institutes of Health (NIH) Manuscript Submission (NIHMS) system an electronic version of the final, peer-reviewed manuscript of any such work developed under this award upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication. Also at the time of submission, Recipient and/or the Recipient's submitting author must specify the date the final manuscript will be publicly accessible through PubMed Central (PMC). Recipient and/or Recipient's submitting author must also post the manuscript through PMC within twelve (12) months of the publisher's official date of final publication; however the author is strongly encouraged to make the subject manuscript available as soon as possible. The recipient must obtain prior approval from the CDC for any exception to this provision.
The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication, and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting authors working under this award are responsible for ensuring that any publishing or copyright agreements concerning submitted articles reserve adequate right to fully comply with this provision and the license reserved by CDC. The manuscript will be hosted in both PMC and the CDC Stacks institutional repository system. In progress reports for this award, recipient must identify publications subject to the CDC Public Access Policy by using the applicable NIHMS identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

Language Access for Persons with Limited English Proficiency Recipients of federal financial assistance from HHS must administer their programs in compliance with federal civil rights law. This means that recipients of HHS funds must ensure equal access to their programs without regard to a person's race, color, national origin, disability, age and, in some circumstances, sex and religion. This includes ensuring your programs are accessible to persons with limited English proficiency. Recipients of federal financial assistance must take the reasonable steps to provide meaningful access to their programs by persons with limited English proficiency.

Dual Use Research of Concern On September 24, 2014, the US Government Policy for the Institutional Oversight of Life Sciences Dual Use Research of Concern was released. Grantees (foreign and domestic) receiving CDC funding on or after September 24, 2015 are subject to this policy. Research funded by CDC involving the agents or toxins named in the policy, must be reviewed to determine if it involves one or more of the listed experimental effects and if so, whether it meets the definition of DURC. This review must be completed by an Institutional Review Entity (IRE) identified by the funded institution.

Recipients also must establish an Institutional Contact for Dual Use Research (ICDUR). The award recipient must maintain records of institutional DURC reviews and completed risk mitigation plans for the term of the research grant, cooperative agreement or contract plus three years after its completion, but no less than eight years, unless a shorter period is required by law or regulation.

If a project is determined to be DURC, a risk/benefit analysis must be completed. CDC will work collaboratively with the award recipient to develop a risk mitigation plan that the CDC must approve. The USG policy can be found at http://www.phe.gov/s3/dualuse.

Non-compliance with this Policy may result in suspension, limitation, restriction or termination of USG funding, or loss of future USG funding opportunities for the non-compliant USG-funded research project and of USG funds for other life sciences research at the institution, consistent with existing regulations and policies governing USG funded research, and may subject the institution to other potential penalties under applicable laws and regulations.

Data Management Plan(s)
CDC requires that all new collections of public health data include a Data Management Plan (DMP). For purposes of this announcement, "public health data" means digitally recorded factual material commonly accepted in the scientific community as a basis for public health findings, conclusions, and implementation.

This new requirement ensures that CDC is in compliance with the following; Office of Management and Budget (OMB) memorandum titled "Open Data Policy–
Managing Information as an Asset" (OMB M-13-13); Executive Order 13642 titled "Making Open and Machine Readable the New Default for Government Information"; and the Office of Science and Technology Policy (OSTP) memorandum titled "Increasing Access to the Results of Federally Funded Scientific Research" (OSTP Memo).

The AR-25 https://www.cdc.gov/grants/additional-requirements/ar-25.html outlines the components of a DMP and provides additional information for investigators regarding the requirements for data accessibility, storage, and preservation.
Certificates of Confidentiality: Institutions and investigators are responsible for determining whether research they conduct is subject to Section 301(d) of the Public Health Service (PHS) Act. Section 301(d), as amended by Section 2012 of the 21st Century Cures Act, P.L. 114-255 (42 U.S.C. 241(d)), states that the Secretary shall issue Certificates of Confidentiality (Certificates) to persons engaged in biomedical, behavioral, clinical, or other research activities in which identifiable, sensitive information is collected. In furtherance of this provision, CDC supported research commenced or ongoing after December 13, 2016 in which identifiable, sensitive information is collected, as defined by Section 301(d), is deemed issued a Certificate and therefore required to protect the privacy of individuals who are subjects of such research. Certificates issued in this manner will not be issued as a separate document, but are issued by application of this term and condition to this award. See Additional Requirement 36 to ensure compliance with this term and condition. The link to the full text is at:
https://www.cdc.gov/grants/additional-requirements/ar-36.html.

4. Cooperative Agreement Terms and Conditions

The contact PD/PI will have the primary responsibility for:

- Complying with the responsibilities for the Extramural Investigators as described in the Policy on Public Health Research and Non-research Data Management and Access https://www.cdc.gov/grants/additionalrequirements/ar-25.html
- Designing and conducting research to address the described research objectives of this cooperative agreement.
- Undertaking any data collection solely to meet the applicant's research needs. Retaining custody of and exercising primary rights to the data and software developed under these awards, subject to Government rights of access consistent with current DHHS, PHS, and CDC policies.
- Partnering effectively with any outside entities expected to participate in the proposed research. Such partnerships should be well-defined and documented, detailing the nature and extent of involvement.
- Establishing goals and objectives that are realistic, measurable, and time-oriented for all phases of the project.
- Developing a research protocol involving human subjects for Institutional Review Board (IRB) review and approval by all cooperating institutions participating in the research project, including CDC if applicable.
- Assuring that IRB approvals are current for research involving human subjects for all participating sites.
- Considering suggestions from CDC on the design and implementation of research and the analysis, interpretation, and dissemination of study findings.
- Developing, designing, and piloting research protocols and instruments; recruiting participants; and conducting appropriate data management procedures when applicable.
- Analyzing data and disseminating findings in peer-reviewed journals and presentations at scientific conferences and other meetings.
- Requesting consultation and technical assistance from CDC, as needed.
- Collaborating with CDC in translating and disseminating research findings.
- Participating in an initial kick-off meeting with CDC by phone or in Atlanta.
- Participating in one reverse site visit with CDC in Atlanta on an annual basis to review the project's progress with CDC scientists and staff.

CDC staff will work collaboratively with the contact PD/PI, as described below:

- Assist the PI, as needed, in complying with the Investigator responsibilities described in the Policy on Public Health Research and Non-research Data Management and Access https://www.cdc.gov/grants/additionalrequirements/ar-25.html
- Provide suggestions for designing study protocols (e.g., for sampling, recruitment, assessment, and data management).
- Participate in the analysis, interpretation, and dissemination of study findings, which

may include co-authorship of peer-reviewed manuscripts and scientific presentations.

- Collaborate with the grantee to ensure human subjects' assurances are in place as needed.
- As necessary, collaborate in the development or amendment of a research protocol involving human subjects for Institutional Review Board (IRB) review by all collaborating institutions, including CDC if applicable.
- Obtain IRB approvals as required by CDC when CDC is engaged in research involving human subjects. If applicable, the CDC IRB will review the protocol initially and on an annual basis until the project is complete.
- Monitor and evaluate the scientific and operational accomplishments of the project through conference calls, site visits, and review of technical reports.
- Provide ongoing suggestions as needed to ensure project success.
- Work in collaboration with agency Scientific Program Official (SPO) to provide oversight and management for post-award management activities.

Areas of joint responsibility include:

- The grant recipient and CDC will establish a schedule for regular phone calls to discuss ongoing progress. This schedule will be agreed upon by both the awardee and CDC.

The Recipient (e.g., the funded application organization) agrees that upon award, their application and the summary of reviewers' comments will be shared with the CDC staff, who will provide support as described above. Recipient Organization will retain custody of and have primary rights to the information, data and software developed under this award, subject to U.S. Government rights of access consistent with current HHS/CDC policies.

5. Reporting

Recipients will be required to complete Research Performance Progress Report (RPPR) in eRA Commons at least annually (see https://grants.nih.gov/grants/rppr/index.htm; https://grants.nih.gov/grants/forms/report_on_grant.htm) and financial statements as required in the HHS Grants Policy Statement.

A final progress report, invention statement, equipment inventory list and the expenditure data portion of the Federal Financial Report are required for closeout of an award, as described in the HHS Grants Policy Statement.

Although the financial plans of the HHS/CDC CIO(s) provide support for this program, awards pursuant to this funding opportunity depend upon the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports) and the determination that continued funding is in the best interest of the Federal government.

The Federal Funding Accountability and Transparency Act of 2006 (Transparency Act), includes a requirement for recipients of Federal grants to report information about first-

tier subawards and executive compensation under Federal assistance awards issued in FY2011 or later.
Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by recipients:
1) Information on executive compensation when not already reported through the SAM Registration; and
2) Similar information on all sub-awards/ subcontracts/ consortiums over $25,000. It is a requirement for recipients of Federal grants to report information about first-tier subawards and executive compensation under Federal assistance awards issued in FY2011 or later.
All recipients of applicable CDC grants and cooperative agreements are required to report to the Federal Subaward Reporting System (FSRS) available at www.fsrs.gov on all subawards over $25,000. See the HHS Grants Policy Statement (https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf).

A. Submission of Reports
The Recipient Organization must provide HHS/CDC with an original, plus one hard copy of the following reports:

1. **Yearly Non-Competing Grant Progress Report**, is due 90 to 120 days before the end of the current budget period. The RPPR form (https://grants.nih.gov/grants/rppr/index.htm; https://grants.nih.gov/grants/rppr/rppr_instruction_guide.pdf) is to be completed on the eRA Commons website. The progress report will serve as the non-competing continuation application. Although the financial plans of the HHS/CDC CIO(s) provide support for this program, awards pursuant to this funding opportunity are contingent upon the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports) and the determination that continued funding is in the best interest of the Federal government.

2. **Annual Federal Financial Report (FFR) SF 425** (https://grants.nih.gov/grants/forms/report_on_grant/federal_financial_report_ffr.htm) is required and must be submitted through the Payment Management System (PMS) **within 90 days after the end of the calendar quarter in which the budget period ends**.

3. **A final progress report**, invention statement, equipment/inventory report, and the final FFR are required to be submitted **120 days after the end of the period of performance**.

B. Content of Reports

1. Yearly Non-Competing Grant Progress Report: The grantee's continuation application/progress should include:

- Description of Progress during Annual Budget Period: Current Budget Period Progress reported on the RPPR form in eRA Commons (https://grants.nih.gov/grants/rppr/index.htm). Detailed narrative report for the current budget period that directly addresses progress towards the Measures of Effectiveness included in the current budget period proposal.
- Research Aims: list each research aim/project

a) Research Aim/Project: purpose, status (met, ongoing, and unmet), challenges, successes, and lessons learned
b) Leadership/Partnership: list project collaborations and describe the role of external partners.

- Translation of Research (1 page maximum). When relevant to the goals of the research project, the PI should describe how the significant findings may be used to promote, enhance, or advance translation of the research into practice or may be used to inform public health policy. This section should be understandable to a variety of audiences, including policy makers, practitioners, public health programs, healthcare institutions, professional organizations, community groups, researchers, and other potential users. The PI should identify the research findings that were translated into public health policy or practice and how the findings have been or may be adopted in public health settings. Or, if they cannot be applied yet, this section should address which research findings may be translated, how these findings can guide future research or related activities, and recommendations for translation. If relevant, describe how the results of this project could be generalized to populations and communities outside of the study. Questions to consider in preparing this section include:

- How will the scientific findings be translated into public health practice or inform public health policy?
- How will the project improve or effect the translation of research findings into public health practice or inform policy?
- How will the research findings help promote or accelerate the dissemination, implementation, or diffusion of improvements in public health programs or practices?
- How will the findings advance or guide future research efforts or related activities?

- Public Health Relevance and Impact (1 page maximum). This section should address improvements in public health as measured by documented or anticipated outcomes from the project. The PI should consider how the findings of the project relate beyond the immediate study to improved practices, prevention or intervention techniques, inform policy, or use of technology in public health. Questions to consider in preparing this section include:
- How will this project lead to improvements in public health?
- How will the findings, results, or recommendations been used to influence practices, procedures, methodologies, etc.?
- How will the findings, results, or recommendations contribute to documented or

projected reductions in morbidity, mortality, injury, disability, or disease?

- Current Budget Period Financial Progress: Status of obligation of current budget period funds and an estimate of unobligated funds projected provided on an estimated FFR.

- New Budget Period Proposal:
- Detailed operational plan for continuing activities in the upcoming budget period, including updated Measures of Effectiveness for evaluating progress during the upcoming budget period. Report listed by Research Aim/Project.
- Project Timeline: Include planned milestones for the upcoming year (be specific and provide deadlines).

- New Budget Period Budget: Detailed line-item budget and budget justification for the new budget period. Use the CDC budget guideline format.

- Publications/Presentations: Include publications/presentations resulting from this CDC grant only during this budget period. If no publication or presentations have been made at this stage in the project, simply indicate “Not applicable: No publications or presentations have been made."

- IRB Approval Certification: Include all current IRB approvals to avoid a funding restriction on your award. If the research does not involve human subjects, then please state so. Please provide a copy of the most recent local IRB and CDC IRB, if applicable. If any approval is still pending at time of APR due date, indicate the status in your narrative.

- Update of Data Management Plan: The DMP is considered a living document that will require updates throughout the lifecycle of the project. Investigators should include any updates to the project’s data collection such as changes to initial data collection plan, challenges with data collection, and recent data collected. Applicants should update their DMP to reflect progress or issues with planned data collection and submit as required for each reporting period.

- Additional Reporting Requirements:

Technical Review and Summary Statement Response Requirements
Recipients will be required to electronically submit a response to the peer reviewers’ comments and/or concerns noted on the application's Summary Statement, as appropriate, within 30 days of the notification of their initial award. Recipients will also be required to electronically submit a response to any progress concerns or areas for improvement noted on their annual Technical Review, within the time period specified in the annual award continuation notice.

Applicants funded under this NOFO will be required to use NCIPC's Data Management Plan Template, OMB NO: 0920-1301 (Exp. Date: 06/30/2023) to make revisions to the DMP as

required during the award's project period.

2. Annual Federal Financial Reporting The Annual Federal Financial Report (FFR) SF 425 is required and must be submitted through the Payment Management System (PMS) within 90 days after the end of the calendar quarter in which the budget period ends. The FFR should only include those funds authorized and disbursed during the timeframe covered by the report. The final FFR must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the Payment Management System's (PMS) cash transaction data.
Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to submit a letter explaining the reason and date by which the Grants Officer will receive the information.
The due date for final FFRs is 120 days after the Period of Performance end date.
Recipients must submit closeout reports in a timely manner. Unless the Grants Management Officer (GMO) of the awarding Institute or Center approves an extension, recipients must submit a final FFR, final progress report, and Final Invention Statement and Certification within 90 days of the end of grant period. Failure to submit timely and accurate final reports may affect future funding to the organization or awards under the direction of the same Project Director/Principal Investigator (PD/PI).
FFR (SF 425) instructions for CDC recipients are now available at https://grants.nih.gov/grants/forms/report_on_grant/federal_financial_report_ffr.htm. For further information, contact GrantsInfo@nih.gov. Additional resources on the Payment Management System (PMS) can be found at https://pms.psc.gov.
Organizations may verify their current registration status by running the "List of Commons Registered Organizations" query found at: https://era.nih.gov/registration_accounts.cfm. Organizations not yet registered can go to https://era.nih.gov/ for instructions. It generally takes several days to complete this registration process. This registration is independent of Grants.gov and may be done at any time.
The individual designated as the PI on the application must also be registered in the Commons. The PI must hold a PI account and be affiliated with the applicant organization. This registration must be done by an organizational official or their delegate who is already registered in the Commons. To register PIs in the Commons, refer to the eRA Commons User Guide found at: https://era.nih.gov/docs/Commons_UserGuide.pdf.
3. Final Reports: Final reports should provide sufficient detail for CDC to determine if the stated outcomes for the funded research have been achieved and if the research findings resulted in public health impact based on the investment. The grantee's final report should include:

- Research Aim/Project Overview: The PI should describe the purpose and approach to the project, including the outcomes, methodology and related analyses. Include a discussion of the challenges, successes and lessons learned. Describe the collaborations/partnerships and the role of each external partner.

- Translation of Research Findings: The PI should describe how the findings will be translated and how they will be used to inform policy or promote, enhance or advance

the impact on public health practice. This section should be understandable to a variety of audiences, including policy makers, practitioners, public health programs, health care institutions, professional organizations, community groups, researchers and other potential end users. The PI should also provide a discussion of any research findings that informed policy or practice during the course of the period of performance. If applicable, describe how the findings could be generalized and scaled to populations and communities outside of the funded project.

- Public Health Relevance and Impact: This section should address improvements in public health as measured by documented or anticipated outcomes from the project. The PI should consider how the findings of the project related beyond the immediate study to improved practices, prevention or intervention techniques, or informed policy, technology or systems improvements in public health.

- Publications; Presentations; Media Coverage: Include information regarding all publications, presentations or media coverage resulting from this CDC funded activity. Please include any additional dissemination efforts that did or will result from the project.

- Final Data Management Plan: Applicants must include an updated final Data Management Plan that describes the data collected, the location of where the data is stored (example: a repository), accessibility restrictions (if applicable), and the plans for long term preservation of the data.

Section VII. Agency Contacts

We encourage inquiries concerning this funding opportunity and welcome the opportunity to answer questions from potential applicants.

Application Submission Contacts
Grants.gov Customer Support (Questions regarding Grants.gov registration and submission, downloading or navigating forms)
Contact Center Phone: 800-518-4726
Email: support@grants.gov
Hours: 24 hours a day, 7 days a week; closed on Federal holidays

eRA Commons Help Desk (Questions regarding eRA Commons registration, tracking application status, post submission issues, FFR submission)
Phone: 301-402-7469 or 866-504-9552 (Toll Free)
TTY: 301-451-5939
Email: commons@od.nih.gov
Hours: Monday - Friday, 7am - 8pm U.S. Eastern Time

Scientific/Research Contact(s)
Susana Panero, MD

Scientific Program Official
National Center for Injury Prevention and Control

Telephone: 404.639.8063
Email: NCIPC_ERPO@cdc.gov

Peer Review Contact(s)
Mikel Walters, PhD
Scientific Review Officer
National Center for Injury Prevention and Control
Telephone: 404.639.0913
Email: mwalters@cdc.gov

Financial/Grants Management Contact(s)

Toni Augustus-High, MSA, CGMS
Grants Management Specialist
CDC Office of Grants Services
Telephone: 770.488.2906
Email: wef9@cdc.gov

Section VIII. Other Information

Other CDC Notices of Funding Opportunities can be found at www.grants.gov.
All awards are subject to the terms and conditions, cost principles, and other considerations described in the HHS Grants Policy Statement.

Authority and Regulations
Awards are made under the authorization of Sections of the Public Health Service Act as amended and under the Code Federal Regulations.

Successful recipients may be permitted expanded authorities in the administration of this award as provided for in the Code of Federal Regulations, Title 2, Subtitle A, Chapter II, Part 200, Subpart D, §200.308(d)(4). Specific authorities granted will be detailed in the official Notice of Award document.

Application Submission Process

Applications must be successfully submitted and complete all validation actions prior to 5PM ET of the application due date for this NOFO. Applicants are encouraged to submit the application in ASSIST three (3) business days before the stated due date to provide sufficient time to correct any errors. If post-submission errors are identified during the validation process, the errors must be corrected and the application must be re-submitted in ASSIST prior to 5PM ET of the application due date. HHS/CDC grant submission procedures do not provide a grace period beyond the grant application due date time to correct any error or warning notices of

non-compliance with application instructions that are identified by Grants.gov or eRA systems. Applicants who encounter problems when submitting their applications must attempt to resolve them by contacting the NIH eRA Service desk and the Grants.gov Contact Center. See Section IV. Application and Submission Information, 9 Submission Dates & Times for contact information.

General Information

All applications submitted for this NOFO must be responsive to the specific requirements and objectives of this NOFO and must be submitted as a new application through www.grants.gov. All applicants are advised to carefully review the responsiveness requirements and instructions on how applicants must document responsiveness in *Section III. Eligibility Information 5. Responsiveness* of this NOFO. Applicants are encouraged to pay close attention to the Data Management Plan requirements listed in the NOFO and to keep these in mind while preparing their proposals.

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