MODIFICATION #2

RFA CE 15-001

Research Grants for Preventing Violence and Violence Related Injury (R01)

FOA PRE-APPLICATION TELECONFERENCE HELD January 14, 2015 - 1:00 PM

Questions (Q) asked and Answers (A) given during the teleconference.

Q. Please clarify the available first year funding and the expected funding for the subsequent years on the grant.

A. The maximum award amount will be $350,000 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 three years. The maximum total project funding amount is $1,050,000 (including both direct and indirect costs) over the expected project period length, with a maximum of $350,000 per award per year. The project period for this award is expected to run from 9/1/2015 to 8/31/2018. 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.

Q. Is the requested research focus specific to youth and teens or can we also investigate adult intimate partner violence?

A. Funds are available to conduct studies aimed at preventing the perpetration of teen dating violence, intimate partner violence, sexual violence, youth violence, or suicidal behavior. Adult intimate partner violence falls within the scope of the RFA as listed in detail in Section I of the RFA.

Q. In terms of youth violence, is “youth” defined as ages 18 – 24 or does it include younger folks?

A. Research and programs addressing youth violence typically include persons between the ages of 10 and 24, although patterns of youth violence can begin in early childhood.

Q. In terms of acceptable methods, do you want mixed methods work or bigger studies?

A. The methods chosen should be appropriate for the research question of interest. Please see the Approach section in the FOA for more information. Please be sure to justify your methods in your application; the peer reviewers will determine the appropriateness of your methods.

Q. Should the research objective(s) be included in the Letter of Intent (LOI)?

A. The Letter of Intent (LOI) is not required, but it helps us to plan and relegate appropriate resources for the Peer Review process. Your contact information (name, title, address, phone, E-mail, etc.), affiliation, FOA number and a positive statement of your intent to apply for a grant under that FOA should suffice. Please send that information to Jane Suen directly either in an E-mail or by U.S. Postal mail. Her contact information is listed in the RFA in Section VII at the end. The LOI is not used to screen applications or applicants. All applications need to be submitted through www.Grants.gov, as described in the FOA text. It is not recommended that you submit proprietary

or specific approach information in the LOI.

Q. Should proposals focus only on primary prevention or are other levels of prevention allowed?

A. This FOA is intended to support primary prevention strategies. Applicants proposing secondary or tertiary strategies as defined in the FOA will be considered nonresponsive.

Q. Within the priority to prevent teen dating violence, intimate partner violence, and sexual violence, are school-based interventions allowable?

A. Yes, for priority 2 (a).

Q. For the youth violence priority, must the primary prevention program apply to serious lethal violence or can it apply to less serious violence?

A. Research objective 1 (c) is focused on effectiveness research to prevent serious and lethal violence among youth, particularly identifying and evaluating strategies addressing the leading mechanisms of youth homicide and assault-related injuries.

Q. Is the funding mechanism for this RFA a grant or a contract?

A. This will be a research grant, specifically investigator-initiated research under the R01 code.

Q. Regarding the priority to prevent teen dating violence, intimate partner violence (IPV), and sexual violence (SV), the youth violence one says programs to reduce perpetration or victimization. If we include perpetration is it acceptable to also assess victimization-ended outcomes under research objective number two?

A. The emphasis under research objective 2 (b) is community-level and societal-level strategies. That's the key part of that research objective. The Approach section of the FOA includes a broad range of potential outcomes. We're looking for community-level and societal-level strategies that effectively prevent teen dating violence or IPV or SV.

Q. What is the distinction between research objectives 2(a) and 2(b)? Are you looking just for community-level and societal-level strategies here or are you looking for other programs that target other layers of the social ecology?

A. Research objective 2(a) is broader and allows for a range of strategies across the different levels of the social ecological model; 2(b) is very specific to community-level and societal-level strategies.

Q. Do you submit resubmitted or revised applications?

A. All applications submitted for this FOA must be responsive to the specific requirements and objectives of this FOA and must be submitted as a new application through www.grants.gov. Previous application documents may be submitted as part of this application process. Please read the FOA carefully to make sure what is submitted is consistent with the intent of this FOA, and that there is an overall match between the proposed research objectives as described in the applicant's abstract and the research objectives of this FOA.

Q. Regarding dissemination listed in the research objectives 1(a), are you focused more on identifying causal factors or replication of an existing program?

A. Replication studies would not be responsive to this research objective. This objective is focused on taking evidence-based strategies, programs, and policies which have been demonstrated to be effective based on systematic reviews or other well-designed studies and identifying ways to get them adopted in high-risk communities. It's focused on dissemination/implementation/translation research designed to accelerate the adoption or uptake of evidence-based strategies, programs, and policies in communities.

Q. Do you have any citations to support CDC's inclusion of individuals aged 10 – 24 years in youth violence research?

A. Please refer to National Center for Injury Prevention and Control's (NCIPC) website (http://www.cdc.gov/violenceprevention/youthviolence/index.html) for youth violence definitions and other data sources listed there.

Q. For objective 2(a), would you consider what are called bystander intervention programs as being acceptable?

A. Yes.

Questions (Q) asked and Answers (A) given prior to the teleconference.

Q. Would a trial of an adaptation of the sibling program to focus on violence prevention specifically be responsive to this FOA?

A. Our subject matter experts in the relevant Division of NCIPC advise that this would not be responsive to any of the objectives or outcomes stated in our FOA CE15-001.

Q. Would "hazing" be responsive to this FOA under the youth violence objective?

A. We consider all applications received by the application due date, first for responsiveness, then for merit by a peer review panel. Those applications found to be incomplete or determined by the initial responsiveness review to be non-responsive are not forwarded on to the full panel. It is important to understand that we are addressing violence as a public health problem with a goal of reducing violence related behaviors and injuries. Hazing may lead to violent behavior, but it is not listed in this FOA as one of the behaviors we are currently interested in reducing. To be competitive, an applicant would need to show the relevance of the proposed research to reducing perpetration of youth violence as a public health problem.

Q: Does the CDC consider an intervention targeted to populations who have had "exposure to," "witnessed," or "indirectly experienced" violence as non-responsive to the RFA?

A: This FOA is intended to support primary prevention strategies, programs or policies that target universal and selected high-risk populations (i.e., populations that have one or more risk factors that place them at heightened risk for initial perpetration of violence). As stated in the FOA, applicants proposing studies with indicated populations will be considered nonresponsive. *Indicated* populations, as described in this FOA, are those who have already demonstrated violent

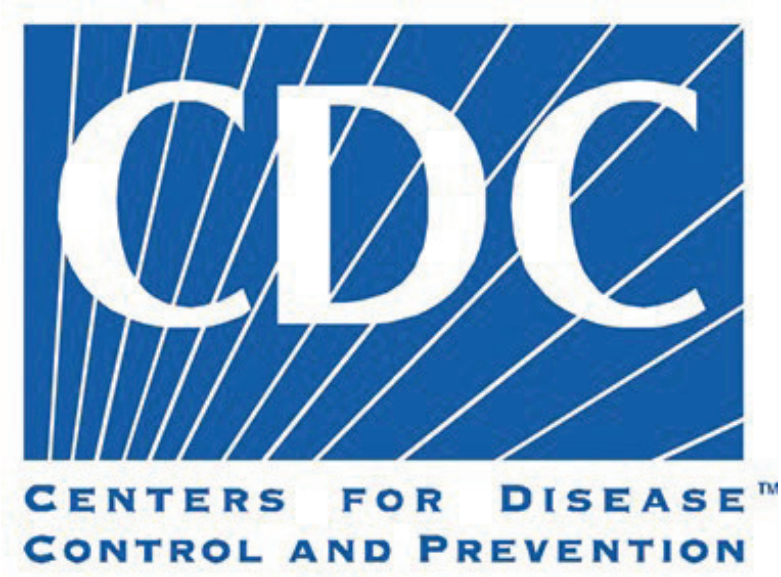
behavior (e.g., perpetrators of partner violence, youth who have been arrested for crime or violence). If the populations you mention have not engaged in or already demonstrated violent behavior (i.e., indicated population) then they would be considered responsive.

Q: Are interventions at the secondary or tertiary levels responsive to this FOA.

A: Please note that the FOA states specifically in several areas of the document that “applicants proposing secondary or tertiary strategies as defined above will be considered nonresponsive”.

Q. Would individuals who have been victims but not perpetrators of violence fall under the universal or selected populations?

A. Individuals who have been victims but who have not already demonstrated violent behavior would be considered a selected population (i.e., have one or more risk factors that place them at heightened risk for perpetration of violence).



Centers for Disease Control and Prevention

National Center for Injury Prevention and Control Extramural Research Program Office

Research Grants for Preventing Violence and Violence Related Injury (R01)
RFA-CE-15-001
Application Due Date: 03/16/2015

Signature _____ Date _____

Research Grants for Preventing Violence and Violence Related Injury (R01)

RFA-CE-15-001

TABLE OF CONTENTS

Part 1. Overview Information

Participating Organization(s)

Centers for Disease Control and Prevention

Components of Participating Organizations

National Center for Injury Prevention and Control Extramural Research Program Office (NCIPC ERPO)
National Center for Injury Prevention and Control (NCIPC)

Funding Opportunity Announcement (FOA) Title

Research Grants for Preventing Violence and Violence Related Injury (R01)

Activity Code

Applications in response to this FOA will be funded using the R01 activity code.

Funding Opportunity Announcement Type

New

Funding Opportunity Announcement Number

RFA-CE-15-001

Catalog of Federal Domestic Assistance (CFDA) Number(s)

93.136

Category of Funding Activity:

Health

FOA Purpose

The National Center for Injury Prevention and Control (NCIPC) is soliciting investigator-initiated research that will help expand and advance knowledge in three areas: 1) how best to disseminate, implement, and translate evidence-based primary prevention strategies, programs, and policies designed to reduce youth violence; 2) what works to prevent violence by rigorously evaluating primary prevention strategies, programs, and policies; and 3) research to determine ways to effectively prevent serious and lethal interpersonal or self-directed violence.

Key Dates

Publication Date: **To receive notification of any changes to RFA-CE-15-001, 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: 01/30/2015

January 30, 2015

Application Due Date: **03/16/2015**

March 16, 2015

On-time submission requires that electronic applications be error-free and made available to CDC for processing from eRA Commons on or before the deadline date. Applications must be submitted to and validated successfully by Grants.gov/eRA Commons no later than 5:00 PM U.S. Eastern Time. Note: HHS/CDC grant submission procedures do not provide a period of time beyond the application due date 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: **06/17/2015**
May-June, 2015

Secondary Review: **07/16/2015**
July, 2015

Estimated Start Date: **09/30/2015**

Expiration Date: **03/31/2015**

Due Dates for E.O. 12372: Executive Order 12372 does not apply to this program.

Required Application Instructions

It is critical that applicants follow the instructions in the SF424(R&R)ApplicationGuide except where instructed to do otherwise in this FOA. Conformance to all requirements (both in the Application Guide and the FOA) 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 20 pages.

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

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

Executive Summary

Purpose

The CDC and NCIPC are committed to achieving the health promotion and disease prevention objectives of "Healthy People 2020" and to measuring program performance as stipulated by the Government Performance and Review Act (GPRA). The proposed program of research addresses the “Healthy People 2020” 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.

The purposes of the NCIPC extramural violence prevention research program are to:

- Build the scientific base for the prevention of violence by helping to expand and advance our understanding of the primary prevention of interpersonal and self-directed violence.
- Encourage professionals from a wide spectrum of disciplines of epidemiology, behavioral and social sciences, medicine, biostatistics, public health, health economics, law, and criminal justice to perform research in order to prevent violence more effectively.
- Encourage investigators to propose research that involves the development and testing of primary prevention strategies as well as research on methods to enhance the adoption and maintenance of effective strategies among individuals, organizations, or communities.

The National Center for Injury Prevention and Control (NCIPC) is soliciting investigator-initiated research that will help expand and advance knowledge in three areas: 1) how best to disseminate, implement, and translate evidence-based primary prevention strategies, programs, and policies designed to reduce youth violence; 2) what works to prevent violence by rigorously evaluating primary prevention strategies, programs, and policies; and 3) research to determine ways to effectively prevent serious and lethal interpersonal or self-directed violence.

Mechanism of Support

The funding mechanism for this FOA will be a research grant.

Funds Available and Anticipated Number of Awards.

NCIPC intends to commit approximately $1,050,000 in FY 2015 to fund up to three applications. Awards issued under this FOA 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 $350,000 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 three years. The maximum total project funding amount is $1,050,000 (including both direct and indirect costs) over the expected project period length, with a maximum of $350,000 per award per year. The project period for this award is expected to run from 9/1/2015 to 8/31/2018.

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 SectionIV.ApplicationandSubmissionInformation of this announcement.

Eligible Institutions/Organizations. Institutions/organizations listed in Section III. 1 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. Individuals from underrepresented racial and ethnic groups as well as individuals with disabilities are always encouraged to apply.

Number of PDs/PIs. Co-principal investigators are allowed for this FOA; their names must appear on the face page of the application. However, one principal investigator must be designated as the contact PI. For institutions/organizations proposing multiple PDs/PIs, 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. Applicant organizations may submit more than one application, provided that each application is scientifically distinct. However, applicant institutions can submit only one grant application with the same principal investigator. Only one application per principal investigator will be funded under this announcement.

Application Type. NEW

Special Date(s). A pre-application teleconference call will be conducted on January 14, 2015, from 1:00 – 2:30 PM Eastern Time, to address prospective applicants' questions regarding FOA CE15-001, Research Grants for Preventing Violence and Violence Related Injury (R01). Interested parties may call the Toll-Free Number: (855)-644-0229; Use Conference ID: 5071938 when prompted.

Application Materials. See SectionIV.1 for application materials.

Hearing Impaired. Telecommunications for the hearing impaired are available at: TTY: (770) 488-2783.

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 Health Service Act, as amended.

1. Background and Purpose

Violence is a significant public health problem in the United States. Each year, more than 55,000 people in the United States die as a result of violence and more than 2,300,000 are treated in emergency departments for a violence-related injury. The number of violence-related deaths and injuries tell only part of the story. Violence can lead to other significant mental and physical health consequences such as depression and anxiety, pregnancy complications, and even chronic diseases such as diabetes and heart disease. Violence also erodes the sense of safety and security so essential to the well-being of families and significantly impacts communities by reducing productivity, decreasing property values, and disrupting social services.

The National Center for Injury Prevention and Control is committed to stopping violence before it begins (i.e., primary prevention). The Center's work in violence prevention involves:

- Monitoring violence-related behaviors, injuries, and deaths
- Conducting research on the factors that put people at risk or protect them from violence
- Developing and evaluating the effectiveness of violence prevention strategies, programs, and policies
- Helping state and local partners plan, implement, and evaluate prevention programs
- Conducting research on the dissemination and implementation of evidence-based prevention strategies, programs, and policies and ensuring their widespread adoption

Research Objectives:

NCIPC is soliciting investigator-initiated research that will help expand and advance knowledge in three areas: 1) how best to disseminate, implement, and translate evidence-based primary prevention strategies, programs, and policies designed to reduce youth violence[1] ; 2) what works to prevent violence by rigorously evaluating primary prevention strategies, programs, and policies;[1] and 3) research to determine ways to effectively prevent serious and lethal interpersonal or self-directed violence.[1]

Public health strategies are traditionally characterized in terms of three levels of prevention: *primary prevention* approaches, which aim to prevent violence before it occurs; *secondary prevention* approaches, which focus on the more immediate responses to violence, such as pre-hospital care, emergency services or treatment immediately following a rape or an injury sustained as a result of violence; and *tertiary prevention* approaches, which focus on long-term care, such as rehabilitation/reintegration, attempts to lessen trauma or reduce the long-term disability associated with violence.[2]

Public health strategies may also be categorized based on the target population of interest: *universal*, which are aimed at groups or populations without regard to risk (e.g., all students in a school or

certain grade); *selected*, which are aimed at those at heightened risk for violence (i.e., have one or more risk factors for violence), or *indicated*, which are aimed at those who have already demonstrated violent behavior (e.g., perpetrators of partner violence, youth who have been arrested for crime or violence).2

This announcement is intended to support *primary prevention* strategies, programs or policies that target *universal* or *selected* high-risk populations (i.e., populations that have one or more risk factors that place them at heightened risk for initial perpetration of violence). **Applicants proposing secondary or tertiary strategies as defined above will be considered nonresponsive. With the exception of priorities (1c, 2c, and 3b) as defined in the research objectives, applicants proposing studies with indicated populations will be considered nonresponsive.**

Funds are available to conduct studies aimed at preventing the perpetration of teen dating violence, intimate partner violence, sexual violence, youth violence, or suicidal behavior.

The following research objectives are the focus of this announcement:

1. Research to prevent youth violence:

   (a) Dissemination/implementation/translation research to accelerate the adoption of evidence-based strategies, programs, and policies to prevent youth violence. Evidence-based strategies, programs or policies are defined as those for which there is evidence of effectiveness in reducing perpetration of or victimization from violence based on systematic reviews of the field or two or more well designed experimental studies (randomized controlled trials) or quasi-experimental studies. There is particular interest in research that examines how models that have shown preventive effects on violence outcomes at the community level (e.g., Communities That Care,3 Cardiff Violence Prevention Program4) can be adopted for use in high risk communities. Prevention models that bring together different sectors within communities to make data driven decisions about the set of evidence-based prevention activities that are most appropriate for the local community and then ensure implementation of those strategies have the potential to reduce risk for violence at the community level. Additional research is needed to help communities understand the capacity needed to implement these models, how the models can be appropriately adopted, and the effects of modifications on violence outcomes.

   (b) Effectiveness research to determine which community-level and societal-level strategies, programs, and policies effectively prevent youth violence. This includes studies to assess the effectiveness of economic development schemes (e.g., business improvement districts) and other efforts to improve the physical, social, and economic characteristics of neighborhoods; and the effectiveness of strategies aimed at reducing the level and concentration of community risk factors. There is also interest in the area of youth violence to assess the economic efficiency of strategies, programs and policies designed to prevent youth violence.

   (c) Effectiveness research to prevent serious and lethal violence among youth. Although there is a strong and growing evidence-base to prevent youth violence (e.g., universal school-based programs, parent/family focused interventions), there is less evidence addressing the more serious forms of violence among youth. Research is needed to determine ways to effectively prevent serious and lethal violence involving youth, particularly identifying and evaluating strategies addressing the leading mechanisms of youth homicide and assault-related injuries.

2. Research to prevent teen dating violence, intimate partner violence, and sexual violence:

(a) Within the context of teen dating violence, intimate partner and sexual violence, there is interest in assessing the efficacy/effectiveness of primary prevention strategies aimed at preventing the initial perpetration of violence and promoting respectful, nonviolent relationships.5 Intervening in ways that prevent the initial perpetration of violence, that alter developmental trajectories leading to initial perpetration of violence, and that promote an environment of nonviolence and respect is key to eliminating sexual and intimate partner violence.

(b) Effectiveness research to determine which community-level and societal-level strategies, programs, and policies effectively prevent teen dating violence, intimate partner and sexual violence. This includes studies to assess the effectiveness of economic schemes (e.g., microfinance, business improvement districts) and other efforts to improve the physical, social, and economic characteristics of neighborhoods and other settings; studies to assess the effectiveness of social and cultural norm change strategies at the community and societal level aimed at changing social contexts that condone or tolerate aggression and perpetration; and the effectiveness of strategies aimed at reducing the level and concentration of community risk factors.

(c) There is also interest in studies to assess the effectiveness of programs, policies, or strategies to prevent injuries and deaths in the context of teen dating violence and intimate partner violence. Women are much more likely than men to be injured or killed in incidents of violence between intimate partners. 6,7 Research is needed to determine ways to effectively prevent serious and lethal violence against intimate partners, particularly identifying and evaluating strategies addressing the leading mechanisms of intimate partner homicide.

3. Research to prevent suicidal behavior:

(a) In the area of suicidal behavior, there is interest in efficacy/effectiveness studies of social, economic, and environmental primary prevention strategies to prevent suicidal behavior, including strategies aimed at enhancing connectedness for groups at high-risk for suicidal behavior and community-level efforts to reduce social isolation and stigma associated with seeking help for personal crises. There is also interest in studies to determine whether evidence-based programs for other forms of violence can also prevent suicidal behavior. Suicidal behavior and interpersonal violence share a number of risk and protective factors. However, only a limited number of evaluations of strategies that have demonstrated reductions in interpersonal violence have examined the impact of these strategies on suicidal behavior.

(b) There is also interest in studies assessing the effectiveness of programs, policies, and other intervention strategies to reduce access to lethal means. Research indicates that the means used in suicidal behavior (e.g., jumping from a bridge, hanging or suffocation versus taking pills) has a substantial impact on whether the act results in significant injury or death.1 Strategies related to means restriction, however, have rarely been rigorously evaluated particularly for their impact and feasibility for broader implementation.1 Knowledge is also limited regarding the effects of means restriction on different age groups, and how means substitution (i.e., switching from one suicide method to another) will limit the effectiveness of means-restriction strategies.1

References:

1. National Center for Injury Prevention and Control. CDC Injury Research Agenda, 2009-2018. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention; 2009. Available online: http://www.cdc.gov/injury.

2. Dahlberg LL, Krug EG. Violence – a global public health problem. In: Krug EG, Dahlberg LL, Mercy JA, Zwi AB, Lozano R (eds). *World report on violence and health*, Geneva, World Health Organization, 2002:1–21.

3. Hawkins JD, Oesterle S, Brown EC, Monahan KC, Abbott RD, Arthur MW, Catalano RF. Sustained decreases in risk exposure and youth problem behaviors after installation of the communities that care prevention system in a randomized trial. Arch Pediatr Adolesc Med. 2012;166(2):141-148.

4. Florence C, Shepherd J, Brennan I, Simon TR. (2010). Effectiveness of a data sharing strategy for violence prevention: A Quasi-Experimental Study. Abstract published in Injury Prevention. 16, A144.

5. Centers for Disease Control and Prevention. Strategic direction for intimate partner violence: Promoting respectful, nonviolent intimate partner relationships through individual, community and societal change. Available online: http://www.cdc.gov/ViolencePrevention/pdf/IPV_Strategic_Direction_Full-Doc-a.pdf

6. Cooper A, Smith EL. (2011). Homicide trends in the United States, 1980-2008; annual rates for 2009 and 2010. Department of Justice, Bureau of Justice Statistics, NCR 236018. Available online: http://www.bjs.gov/content/pub/pdf/htus8008.pdf

7. Federal Bureau of Investigation. Crime in the United States, 2012. Uniform Crime Reports, Washington DC: Department of Justice, 2013. Available online: http://www.fbi.gov/stats-services/crimestats.

Healthy People 2020 and other National Strategic Priorities

NCIPC Research Priority Area (from the 2009-2018 CDC Injury Research Agenda)

Chapter: Sexual Violence and Intimate Partner Violence

Priorities: E

E – Evaluate the efficacy and effectiveness of programs, strategies, and policies across all levels of the social ecology to prevent and interrupt development of perpetration of sexual violence and intimate partner violence.

Chapter: Suicidal Behavior

Priorities: C, F, G

C – Evaluate the efficacy and effectiveness of programs and policies to prevent suicidal behavior.

F – Evaluate whether evidence-based programs for other forms of violence can also prevent suicidal behavior.

G – Evaluate the impact and feasibility of restricting access to lethal means used in suicidal behavior.

Chapter: Youth Violence

Priorities: A, C, D

A – Evaluate dissemination and implementation strategies for effective youth violence prevention

programs and policies.

C – Evaluate the effectiveness of community- and societal-level strategies, programs, and policies to prevent youth violence

D – Examine the economic efficiency of strategies, programs, and policies designed to prevent youth violence.

This research also supports the National Strategic Priority to prevent unintentional injuries and violence, and reduce their consequences. It will also fulfill the goal of addressing emerging issues in injury and violence prevention that need further research, analysis, and monitoring.

Public Health Impact

Violence is a significant public health problem in the United States. Each year, more than 55,000 people in the United States die as a result of violence and more than 2,300,000 are treated in emergency departments for a violence-related injury. The number of violence-related deaths and injuries tell only part of the story. Violence can lead to other significant mental and physical health consequences such as depression and anxiety, pregnancy complications, and even chronic diseases such as diabetes and heart disease. Violence also erodes the sense of safety and security so essential to the well-being of families and significantly impacts communities by reducing productivity, decreasing property values, and disrupting social services. The National Center for Injury Prevention and Control is committed to stopping violence before it begins (i.e., primary prevention).

Relevant Work

For more than 20 years, CDC's Injury Center has been 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. Examples of currently funded research are available on NCIPC's website: http://www.cdc.gov/violenceprevention/pdf/dvp-research-summary-a.pdf.

See also the References section above.

2. Approach

This announcement is intended to support *rigorous evaluations of primary prevention strategies, programs, and policies aimed at preventing perpetration and the outcomes of violence from such perpetration* . Rigorous designs are those that utilize experimental (i.e., randomized controlled trials) and quasi-experimental designs (e.g., designs involving matched comparison groups, designs using propensity-score matching, instrumental variable methods, regression point displacement, regression discontinuity, or time series designs) and include data analytic plans that are appropriate to the prevention strategy, research design and hypotheses, data collection measures, and project period and that anticipate and evaluate the effects of threats to the internal and external validity of the specified research design.

Prevention strategies, programs, and policies are expected to be theoretically justified (e.g., include a conceptual model or theory of change, with proposed mediators and moderators, for how the prevention approach will produce the proposed reductions in interpersonal violence or suicidal behavior) and supported with epidemiological and behavioral research. Recipients are expected to

assess intervention processes and mediators at the appropriate level and include plans for assessing outcomes and impacts. Examples of process data include intervention or policy implementation fidelity and intervention exposure data. Other examples of mediators appropriate to the proposed research include changes in risk and protective factors specific to the proposed intervention. Examples of violence outcome and impact data include vital statistics, police records, child welfare reports, school incidents of physical fighting, suspension, expulsion, injury-related hospital or emergency department data, or relevant self-reported behaviors. The use of multiple sources of data is encouraged to improve validity and reliability of each outcome or other measure selected.

Applicants should clearly indicate which priority area (e.g., dissemination research to prevent youth violence; effectiveness research to prevent youth violence, teen dating, intimate partner, sexual violence, or suicidal behavior; effectiveness research to prevent serious and lethal interpersonal or self-directed violence) that their application addresses. **Applicants proposing studies outside of these priority areas (e.g., effectiveness research to prevent child maltreatment, research to strengthen surveillance, etc.) will be considered nonresponsive.**

Funds are available for research in the areas of teen dating violence, intimate partner violence, sexual violence, youth violence or suicidal behavior. **Applicants proposing research to address other types of violence (e.g., child maltreatment) will be considered nonresponsive.**

Objectives/Outcomes

NCIPC is soliciting investigator-initiated research that will help expand and advance knowledge in three areas: 1) how best to disseminate, implement, and translate evidence-based primary prevention strategies, programs, and policies designed to reduce youth violence; 2) what works to prevent violence by rigorously evaluating primary prevention strategies, programs, and policies; and 3) research to determine ways to effectively prevent serious and lethal interpersonal or self-directed violence.

The following research objectives are the focus of this announcement:

1. Research to prevent youth violence:

   (a) Dissemination/implementation/translation research to accelerate the adoption of evidence-based strategies, programs, and policies to prevent youth violence. Evidence-based strategies, programs or policies are defined as those for which there is evidence of effectiveness in reducing perpetration of or victimization from violence based on systematic reviews of the field or two or more well designed experimental studies (randomized controlled trials) or quasi-experimental studies. There is particular interest in research that examines how models that have shown preventive effects on violence outcomes at the community level (e.g., Communities That Care,Cardiff Violence Prevention Program) can be adopted for use in high risk communities. Prevention models that bring together different sectors within communities to make data driven decisions about the set of evidence-based prevention activities that are most appropriate for the local community and then ensure implementation of those strategies have the potential to reduce risk for violence at the community level. Additional research is needed to help communities understand the capacity needed to implement these models, how the models can be appropriately adopted, and the effects of modifications on violence outcomes.

   (b) Effectiveness research to determine which community-level and societal-level strategies, programs, and policies effectively prevent youth violence. This includes studies to assess the effectiveness of economic development schemes (e.g., business improvement districts) and other efforts to improve the physical, social, and economic characteristics of neighborhoods; and the effectiveness of strategies aimed at reducing the level and concentration of community risk factors. There is also interest in the area of youth violence to assess the economic efficiency of strategies, programs and policies designed to

prevent youth violence.

(c) Effectiveness research to prevent serious and lethal violence among youth.Although there is a strong and growing evidence-base to prevent youth violence (e.g., universal school-based programs, parent/family focused interventions), there is less evidence addressing the more serious forms of violence among youth. Research is needed to determine ways to effectively prevent serious and lethal violence involving youth, particularly identifying and evaluating strategies addressing the leading mechanisms of youth homicide and assault-related injuries.

2. Research to prevent teen dating violence, intimate partner violence, and sexual violence:

(a) Within the context of teen dating violence, intimate partner and sexual violence, there is interest in assessing the efficacy/effectiveness of primary prevention strategies aimed at preventing the initial perpetration of violence and promoting respectful, nonviolent relationships. Intervening in ways that prevent the initial perpetration of violence, that alter developmental trajectories leading to initial perpetration of violence, and that promote an environment of nonviolence and respect is key to eliminating sexual and intimate partner violence.

(b) Effectiveness research to determine which community-level and societal-level strategies, programs, and policies effectively prevent teen dating violence, intimate partner and sexual violence. This includes studies to assess the effectiveness of economic schemes (e.g., microfinance, business improvement districts) and other efforts to improve the physical, social, and economic characteristics of neighborhoods and other settings; studies to assess the effectiveness of social and cultural norm change strategies at the community and societal level aimed at changing social contexts that condone or tolerate aggression and perpetration; and the effectiveness of strategies aimed at reducing the level and concentration of community risk factors.

(c) There is also interest in studies to assess the effectiveness of programs, policies, or strategies to prevent injuries and deaths in the context of teen dating violence and intimate partner violence. Women are much more likely than men to be injured or killed in incidents of violence between intimate partners. Research is needed to determine ways to effectively prevent serious and lethal violence against intimate partners, particularly identifying and evaluating strategies addressing the leading mechanisms of intimate partner homicide.

3. Research to prevent suicidal behavior:

(a) In the area of suicidal behavior, there is interest in efficacy/effectiveness studies of social, economic, and environmental primary prevention strategies to prevent suicidal behavior, including strategies aimed at enhancing connectedness for groups at high-risk for suicidal behavior and community-level efforts to reduce social isolation and stigma associated with seeking help for personal crises. There is also interest in studies to determine whether evidence-based programs for other forms of violence can also prevent suicidal behavior. Suicidal behavior and interpersonal violence share a number of risk and protective factors. However, only a limited number of evaluations of strategies that have demonstrated reductions in interpersonal violence have examined the impact of these strategies on suicidal behavior.

(b) There is also interest in studies assessing the effectiveness of programs, policies, and other intervention strategies to reduce access to lethal means. Research indicates that the means used in suicidal behavior (e.g., jumping from a bridge, hanging or suffocation versus taking pills) has a substantial impact on whether the act results in significant injury or death. Strategies related to means restriction, however, have rarely been rigorously evaluated particularly for their impact and feasibility for broader implementation. Knowledge is also limited regarding the effects of means restriction on different age groups, and how means substitution (i.e., switching from one suicide method to another)

will limit the effectiveness of means-restriction strategies.

Target Population

Funds are available to conduct studies aimed at preventing the perpetration of teen dating violence, intimate partner violence, sexual violence, youth violence, or suicidal behavior.

Collaboration/Partnerships

Applicants are expected to develop collaborations pertinent to the proposed research plan. Documentation of effective and well-defined working relationships with any organization and/or outside entity expected to participate in the proposed research that will ensure implementation and sustainability of the proposed activities. This must be evidenced by letters of support or memoranda of understanding or agreement detailing the nature and extent of the involvement from the performing organization and outside entities.

Evaluation/Performance Measurement

This announcement is intended to support *rigorous evaluations of primary prevention strategies, programs, and policies aimed at preventing perpetration and the outcomes of violence from such perpetration* . Rigorous designs are those that utilize experimental (i.e., randomized controlled trials) and quasi-experimental designs (e.g., designs involving matched comparison groups, designs using propensity-score matching, instrumental variable methods, regression point displacement, regression discontinuity, or time series designs) and include data analytic plans that are appropriate to the prevention strategy, research design and hypotheses, data collection measures, and project period and that anticipate and evaluate the effects of threats to the internal and external validity of the specified research design.

Prevention strategies, programs, and policies are expected to be theoretically justified (e.g., include a conceptual model or theory of change, with proposed mediators and moderators, for how the prevention approach will produce the proposed reductions in interpersonal violence or suicidal behavior) and supported with epidemiological and behavioral research. Recipients are expected to assess intervention processes and mediators at the appropriate level and include plans for assessing outcomes and impacts. Examples of process data include intervention or policy implementation fidelity and intervention exposure data.

Other examples of mediators appropriate to the proposed research include changes in risk and protective factors specific to the proposed intervention. Examples of violence outcome and impact data include vital statistics data, police records, child welfare reports, school incidents of physical fighting, suspension, expulsion, injury-related hospital or emergency department data, or relevant self-reported behaviors. The use of multiple sources of data is encouraged to improve validity and reliability of each outcome or other measure selected.

Translation Plan

Applicants should provide evidence of the potential for widespread dissemination, implementation, and sustainability of the proposed strategy to ensure that the approach, if effective, is scalable without prohibitive costs or resources. Applicants should also include plans to appropriately document the policy or program implementation methods as well as lessons learned to facilitate future replication in another research or non-research setting if the prevention strategy is found to be effective. These plans may include but are not limited to identifying the core components of the

policy or program and documenting lessons learned from the study that might inform decisions about future adaptation or modification of the strategy for other settings or populations.

Section II. Award Information

Funding Instrument Type: Grant

A support mechanism providing money, property, or both to an eligible entity to carry out an approved project or activity.

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: $1,050,000

Anticipated Number of Awards: 3

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

Award Ceiling: $350,000 Per Budget Period

Award Floor: $0 Per Budget Period

Total Project Period Length: 3 year(s)

Throughout the project period, 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/asfr/ogapa/aboutog/hhsgps107.pdf) will apply to the applications submitted and awards made in response to this FOA.

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

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)

Governments:

Eligible Agencies of the Federal Government
U.S. Territory or Possession

Other:

Native American tribal organizations (other than Federally recognized tribal governments)
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" when submitting via www.grants.gov.
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 http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=512ff78311f427c00454772dcf21523a&rgn=div8&view=text&node=48:1.0.1.6.34.0.1.18&idno=48

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. Special Eligibility Requirements

- Documentation that the Principal and Co-Principal Investigator (if applicable) have prior experience conducting empirical research on interpersonal violence or self-directed violence as evidenced by at least one first-authored, peer-reviewed journal article or previous grant support for such research. Applicants should clearly identify the relevant publications or research grant support in their SF 424 Biographical Sketch. Experience requirements may be demonstrated through the combined experiences of a Principal and Co-Principal Investigator (if applicable). **Applications where the Principal and Co-Principal Investigator (if applicable) do not meet these requirements will be considered nonresponsive.**

- There must be an overall match between the proposed research objectives as described in the applicant's abstract and the research objectives of this announcement as described in Section I under the heading, "Research Objectives." Applicants should clearly indicate the research objective under which they are applying for funds. **Applicants who do not clearly indicate the research objective under which they are applying for funds (dissemination research to prevent youth violence; effectiveness research to prevent youth violence, teen dating, intimate partner, sexual violence, or suicidal behavior; effectiveness research to prevent serious and lethal interpersonal or self-directed violence), will be considered nonresponsive.**

- Documentation of effective and well-defined working relationships with any organization and/or outside entity expected to participate in the proposed research that will ensure implementation and sustainability of the proposed activities. This should be evidenced by letters of support or memoranda of understanding or agreement which clearly detail the nature and extent of the involvement from the performing organization and outside entities (include in the appendices).

4. Justification for Less than Maximum Competition

N/A

5. Responsiveness

- **Applicants proposing to evaluate the efficacy/effectiveness of secondary/tertiary strategies (i.e., those that focus on the more immediate responses to violence, such as pre-hospital care, emergency services or treatment; or those that focus on long-term care such as rehabilitation/reintegration, attempts to lessen trauma or reduce the long-term disabilities associated with violence) will be considered nonresponsive.**
- **Applicants proposing to evaluate the effectiveness of strategies intended for *indicated* populations (i.e., *indicated*, meaning populations who have already demonstrated violent behavior) except for research priorities (1c, 2c, and 3b) as defined in the research objectives, will be considered nonresponsive.**
- **Applicants proposing research to address types of violence other than the areas of teen dating violence, intimate partner violence, sexual violence, youth violence, or suicidal behavior will be considered nonresponsive.**
- **Applicants proposing research to address child maltreatment will be considered nonresponsive.**

- **Applicants proposing studies outside of these priority areas (e.g., research to strengthen surveillance, etc.) will be considered nonresponsive.**
- **Applications where the Principal and Co-Principal Investigator (if applicable) do not meet the requirements in Special Considerations/Eligibility Section will be considered nonresponsive.**
- **Applicants who do not clearly indicate the research objective under which they are applying for funds (dissemination research to prevent youth violence; effectiveness research to prevent youth violence, teen dating, intimate partner, sexual violence, or suicidal behavior; effectiveness research to prevent serious and lethal interpersonal or self-directed violence), will be considered nonresponsive.**
- **Applicants who engage in advocacy efforts designed to enact laws, regulations, administrative actions, or incentives will be considered nonresponsive and these applications will not be peer reviewed.**

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://eportal.nspa.nato.int/AC135Public/Docs/US%20Instructions%20for%20NSPA%20NCAGE.pdf
- 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/portal/SAM/#1.
- Grants.gov
- eRACommons

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 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 registration process at least four (4) weeks prior to the application due date.

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 USD&BD-U-N-SNumberRequestWebForm 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 grantee 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 grantee 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/asfr/ogapa/aboutog/hhsgps107.pdf).

10. Number of Applications

As defined in the HHS Grants Policy Statement, (http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf), applications received in response to the same funding opportunity announcement 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 FOA that is essentially the same as one currently pending initial peer review unless the applicant withdraws the pending application.

Applicant organizations may submit more than one application, provided that each application is scientifically distinct, in response to this FOA, but may not submit more than one application with the same principal investigator. Only one application per principal investigator will be funded under this announcement.

Section IV. Application and Submission Information

1. Address to Request Application Package

Applicants must download the SF424 (R&R) application package associated with this funding opportunity from www.Grants.gov.

If access to the Internet is not available or if the applicant encounters difficulty accessing the forms on-line, contact the HHS/CDC Procurement and Grants Office Technical Information Management Section (PGO TIMS) staff at (770) 488-2700 or pgotim@cdc.gov for further instructions. Hours: Monday - Friday, 7am – 4:30pm U.S. Eastern Standard Time. CDC Telecommunications for the hearing impaired or disabled is available at: TTY 1-888-232-6348.

2. Content and Form of Application Submission

It is critical that applicants follow the instructions in the SF424 (R&R) Application Guide (http://grants.nih.gov/grants/funding/424/SF424_RR_Guide_General_VerC.pdf), except where instructed in this Funding Opportunity Announcement 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 forms package associated with this FOA includes all applicable components, mandatory and optional. Please note that some components marked optional in the application package are required for submission of

applications for this FOA. Follow the instructions in the SF 424 (R&R) Application Guide to ensure you complete all appropriate "optional" components.

In conjunction with the SF424 (R&R) components, CDC grants applicants should also complete and submit additional components titled "PHS398." Note the PHS398 should include assurances and certifications, additional data required by the agency for a complete application. While these are not identical to the PHS398 application form pages, the PHS398 reference is used to distinguish these additional data requirements from the data collected in the SF424 (R&R) components. A complete application to CDC will include SF424 (R&R) and PHS398 components.

3. Letter of Intent

Due Date for Letter of Intent: **01/30/2015**

The letter of intent should be sent to:

Jane Suen, PhD

Scientific Review Officer

National Center for Injury Prevention and Control

Centers for Disease Control and Prevention (CDC)

4770 Buford Hwy, NE, Mailstop F-63

Atlanta, GA 30341

Telephone: 770-488-4281

FAX: 770-488-4422

Email: JSuen@cdc.gov

4. Required and Optional Components

A complete application has many components, both required and optional. The forms package associated with this FOA in Grants.gov includes all applicable components for this FOA, required and optional.

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 16 components. Not all 16 components of the Research Plan apply to all Funding Opportunity Announcements (FOAs). Specifically, some of the following 16 components are for Resubmissions or Revisions only. See Part I, Section 5.5 of the SF 424 (R&R) Application Guide (http://grants.nih.gov/grants/funding/424/SF424_RR_Guide_General_VerC.pdf) for additional information. Please attach applicable sections of the following Research Plan components as directed in Part 2, Section 1 (Funding Opportunity Announcement Description).

Follow the page limits stated in the SF 424 unless otherwise specified in the FOA. As applicable to and specified in the FOA, 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 FOA.
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 timeline.
4. Inclusion Enrollment Report (Renewal and Revision applications ONLY)

5. **Progress Report Publication List** (for Continuation ONLY)

HumanSubjectsSection

6. **Protection of Human Subjects**
7. **Inclusion of Women and Minorities**
8. **Targeted/Planned Enrollment Table** (for New Application ONLY)
9. **Inclusion of Children**

OtherResearchPlanSections

10. **Vertebrate Animals**
11. **Select Agent Research**
12. **Multiple PD/PI Leadership Plan.**
13. **Consortium/Contractual Arrangements**
14. **Letters of Support**
15. **Resource Sharing Plan(s)**
16. **Appendix**

Component 4 (Inclusion Enrollment Report) applies only to Renewal and Revision applications for clinical research. Clinical research is that which is conducted with human subjects (or on material of human origin such as tissues, specimens and cognitive phenomena) for which an investigator (or colleague) directly interacts with human subjects. Excluded from this definition are in vitro studies that utilize human tissues that cannot be linked to a living individual. Patient-oriented research includes: (a) mechanisms of human disease, (b) therapeutic interventions, (c) clinical trials, and (d) development of new technologies). Follow the page limits in the SF 424 **unless otherwise specified in the FOA.**

All instructions in the SF424 (R&R) Application Guide (http://grants.nih.gov/grants/funding/424/SF424_RR_Guide_General_VerC.pdf) must be followed along with any additional instructions provided in the FOA.

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 publically available. Follow all instructions for the Appendix as described in the SF424 (R&R) Application Guide.

7. Page Limitations

All page limitations described in this individual FOA must be followed. For this specific FOA, the Research Strategy component of the Research Plan narrative is limited to 20 pages. Supporting materials for the Research Plan narrative included as appendices may not exceed 10 PDF files with a maximum of 100 pages for all appendices.

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 (Part I, Section 2) (http://grants.nih.gov/grants/funding/424/SF424_RR_Guide_General_VerC.pdf).

9. Submission Dates & Times

Part I. Overview Information contains information about Key Dates. Applicants are encouraged to submit in advance of the deadline to ensure they have time to make any application corrections that might be necessary for successful submission.

Organizations must submit applications via Grants.gov (http://www.grants.gov), the online portal to find and apply for grants across all Federal agencies. The eRA Commons systems retrieve the application from Grants.gov and check the application against CDC business rules. If no errors are found, the application will be assembled in the eRA Commons for viewing by the applicant before moving on for further CDC processing.

If errors are found, the applicant will be notified in the eRA Commons. They must make required changes to the local copy of their application and submit again through Grants.gov.

Applicants are responsible for viewing their application in the eRA Commons to ensure accurate and successful submission.

Once you can see your application in the Commons, be sure to review it carefully as this is what the reviewer will see. Applicants must then complete the submission process by tracking the status of the application in the eRA Commons (http://grants.nih.gov/grants/guide/url_redirect.htm?id=11123).

Information on the submission process is provided in the SF424 (R&R) Application Guide.

Note: HHS/CDC grant submission procedures do not provide a period of time beyond the grant application due date 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).

The application package is not complete until it has passed the Grants.gov/eRA Commons validation process. This process and email notifications of receipt, validation or rejection may take two (2) business days.

Applicants are strongly encouraged to allocate additional time prior to the submission deadline to submit their applications and to correct errors identified in the validation process. Applicants are encouraged also to check the status of their application submission to determine if the application packages are complete and error-free. Applicants who encounter system errors when submitting their applications must attempt to resolve them by contacting the Grants.gov Contact Center (1-800-518-4726; support@grants.gov). If the system errors cannot be resolved, applicants must contact CDC PGO TIMS at 770-488-2700; www.pgotim@cdc.gov for guidance at least 3 calendar days before the deadline date.

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. This validation process may take as long as two (2) business days. A third and final e-mail message is generated once the applicant's application package has passed validation and the grantor has confirmed receipt of the application.

Unsuccessful Submissions:

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

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

    a. If the status states "***rejected***," do #2a or #2b.

2. Check his/her emails from both Grants.gov and eRA Commons for rejection notices.

    a. Ifthedeadlinehaspassed, he/she should email the Grant Management Specialist listed in the FOA (pgotim@cdc.gov) explaining why the submission failed.
    b. Ifthereistimebeforethedeadline, he/she should correct the problem(s) and resubmit as soon as possible.

Due Date for Applications: **03/16/2015**

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)

This initiative is not subject to intergovernmental review (http://www.whitehouse.gov/omb/grants_spoc).

11. Funding Restrictions

All HHS/CDC awards are subject to the terms and conditions, cost principles, 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.

For more information on expanded authority and pre-award costs, go to: http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf.

12. Other Submission Requirements and Information

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 (http://grants.nih.gov/grants/guide/url_redirect.htm?id=11144).

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 or http://grants.nih.gov/grants/ ElectronicReceipt/submit_app.htm

Upon receipt, applications will be evaluated for completeness by the CDC Procurement and Grants Office (PGO) and responsiveness by PGO 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 (http://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?

Will successful completion of the proposed activities significantly advance the acceleration and uptake of evidence-based strategies, programs, and policies to prevent youth violence or significantly advance current knowledge of “what works” to prevent violence, or strategies to prevent serious and lethal youth violence, intimate partner violence, or suicidal behavior from the leading mechanisms of injury?

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?

Does the application include adequate information on the project team's experience in conducting research consistent with that which is proposed in the application? Does the PI/Co-PI Team have prior experience conducting empirical research on interpersonal violence or self-directed violence as evidenced by at least one first-authored, peer-reviewed journal article or previous grant support for such research?

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?

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?

Does the applicant address the research objectives as stated in Section I of the FOA? If the applicant is proposing dissemination/implementation/ translation research to prevent youth violence, are the proposed strategies, programs or policies evidence-based? Are the proposed strategies intended to improve understanding of how evidence-based strategies are adapted for use in communities and what impact they have on violence-related outcomes? If the applicant is proposing efficacy/effectiveness research, do the proposed strategies, programs or policies support the primary prevention of perpetration aimed at preventing teen dating violence, intimate partner violence, sexual violence, youth violence, or suicidal behavior? If the applicant is proposing efficacy/effectiveness research addressing serious and lethal violence involving youth or against intimate partners, do the proposed strategies, programs or policies focus on the leading mechanisms of injury? For projects requiring human subjects, are there adequate plans for recruitment? Is sample size adequate to test the primary and secondary hypotheses?

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?

Do the proposed studies benefit from unique features of the scientific environment, or subject populations, or employ useful collaborative arrangements? Do the letters of support or memoranda of understanding include detailed information about the nature of existing relationships? Do they include the anticipated extent of involvement and scope of work to which the organization is willing to commit?

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 45CFRPart46 , 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

(http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm#ar1).

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 (http://www.cdc.gov/maso/Policy/Policy_women.pdf and http://www.gpo.gov/fdsys/pkg/FR-1995-09-15/pdf/95-22950.pdf#page=1) and the policy on the Inclusion of Persons Under 21 in Research (http://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 five 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) adequacy of veterinary care; 4) 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 5) 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

(http://grants.nih.gov/grants/guide/url_redirect.htm?id=11150).

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.

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 Plans

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: http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm#ar25. Investigators responding to this funding opportunity should include a plan on sharing research resources and data.

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/od/pgo/funding/budgetguide.htm.

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 FOA. Following initial peer review, recommended applications will receive a second level of review. The following will be considered in making funding decisions:

- 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.

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 FOA 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 (http://www.hhs.gov/asfr/ogapa/aboutog/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.

Awardees 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

All HHS/CDC grant and cooperative agreement awards include the HHS Grants Policy Statement as part of the NoA. For these terms of award, see the HHS Grants Policy Statement Part II: Terms and Conditions of Award (http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf).

Awardees must comply with the administrative requirements (AR) outlined in 45 Code of Federal Regulations (CFR) Part 74 or Part 92, as appropriate, as well as any additional requirements included in the FOA.

Specific requirements that apply to this FOA are the following:

AR-1:HumanSubjectsRequirements

AR-2:InclusionofWomenandRacialandEthnicMinoritiesinResearch AR-7:

ExecutiveOrder12372Review

AR-9:PaperworkReductionActRequirements

AR-10:Smoke-FreeWorkplaceRequirements

AR-11:HealthyPeople2020

AR-12:LobbyingRestrictions

AR-13:ProhibitiononUseofCDCFundsforCertainGunControlActivities AR-14:

AccountingSystemRequirements

AR-16:SecurityClearanceRequirement

AR-17:PeerandTechnicalReviewsofFinalReportsofHealthStudies–;ATSDR AR-21:

Small,Minority,AndWomen-ownedBusiness

AR-22:ResearchIntegrity

AR-24:HealthInsurancePortabilityandAccountabilityActRequirements AR-

25:ReleaseandSharingofData

AR-26:NationalHistoricPreservationActof1966

AR-28:InclusionofPersonsUndertheAgeof21inResearch

AR-29:CompliancewithEO13513,";FederalLeadershiponReducingTextMessagingwhileDriving";, October1,2009

AR-30:InformationLetter10-006,-CompliancewithSection508oftheRehabilitationActof1973 AR-31:

DistinguishingPublicHealthResearchandPublicHealthNonresearch

AR-32:FY2012EnactedGeneralProvisions

3. Additional Policy Requirements

The following are additional policy requirements relevant to this FOA:

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:

http://www.hhs.gov/asfr/ogapa/acquisition/effspendpol_memo.html)

Federal Funding Accountability and Transparency Act of 2006

Public Law 109-282, the Federal Funding Accountability and Transparency Act of 2006 as amended (FFATA), 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 Web site, www.USASpending.gov (http://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 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.

Tobacco and Nutrition Policies

The CDC supports implementing evidence-based programs and policies to reduce tobacco use and secondhand smoke exposure, and to promote healthy nutrition. CDC encourages all awardees to implement the following *optional* evidence-based tobacco and nutrition policies within their organizations. These policies build on the current federal commitment to reduce exposure to secondhand smoke, which includes The Pro-Children Act, 20 U.S.C. 7181-7184 that prohibits smoking in certain facilities that receive federal funds.

Tobacco:

- Tobacco-free indoors – no use of any tobacco products (including smokeless tobacco) or electronic cigarettes in any indoor facilities under the control of the applicant.
- Tobacco-free indoors and in adjacent outdoor areas – no use of any tobacco products or electronic cigarettes in any indoor facilities, within 50 feet of doorways and air intake ducts, and in courtyards under the control of the applicant.
- Tobacco-free campus – no use of any tobacco products or electronic cigarettes in any indoor facilities and anywhere on grounds or in outdoor space under the control of the applicant.

Nutrition:

- Healthy food service guidelines that at a minimum align with Health and Human Services and General Services Administration Health and Sustainability Guidelines for Federal Concessions and Vending Operations for cafeterias, snack bars, and vending machines in any facility under the control of the

recipient organization and in accordance with contractual obligations for these services. The following are resources for healthy eating and tobacco free workplaces:

- http://www.gsa.gov/graphics/pbs/Guidelines_for_Federal_Concessions_and_Vending_Operations.pdf

- http://www.cdc.gov/nccdphp/dnpao/hwi/toolkits/tobacco/index.htm

- http://www.cdc.gov/chronicdisease/resources/guidelines/food-service-guidelines.htm

Applicants should state whether they choose to participate in implementing these two optional policies. However, no applicants will be evaluated or scored on whether they choose to participate in implementing these optional policies.

4. Cooperative Agreement Terms and Conditions of Award

N/A

5. Reporting

Awardees will be required to submit the Non-CompetingContinuationGrantProgressReport(PHS2590) annually 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 awardees 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 awardees of Federal grants to report information about first-tier subawards and executive compensation under Federal assistance awards issued in FY2011 or later. All awardees 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 (http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf) for additional information on this reporting requirement.

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**, (use form PHS 2590, posted on the HHS/CDC website, http://www.cdc.gov/od/pgo/funding/forms.htm and at http://grants.nih.gov/grants/funding/2590/2590.htm, **is due 90 to 120 days prior to the end of the current budget period.** 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 is required and must be submitted through eRA Commons **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 **90 days after the end of the project period.**

B. Content of Reports

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

- Description of Progress during Annual Budget Period: Current Budget Period Progress reported on the PHS 2590 (http://grants1.nih.gov/grants/funding/2590/2590.htm) http:// grants.nih.gov/grants/ funding/2590/2590.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 contributed 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.

2. **Annual Federal Financial Reporting**
The Annual Federal Financial Report (FFR) SF 425 is required and must be submitted through eRA Commons 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. **All CDC Financial Expenditure data due on/after October 1, 2012 must be submitted using the FFR via the eFSR/FFR system in the eRA Commons.** All Federal Reporting in the Payment Management System is unchanged. All new submissions should be prepared and submitted as FFRs.

CDC's implementation of the FFR retains a financial reporting period that coincides with the budget period of a particular project. However, **the due date for annual FFRs will be 90 days after the end of the calendar quarter in which the budget period ends**. Note that this is a change in due dates of annual FFRs and may provide up to 60 additional days to report, depending upon when the budget period end date falls within a calendar quarter. For example, if the budget period ends 1/30/2012, the annual FFR is due 6/30/2012 (90 days after the end of the calendar quarter of 3/31/2012). Due dates of final reports will remain unchanged. The due date for final FFRs will continue to be 90 days after the project period end date.

Grantees must submit closeout reports in a timely manner. Unless the Grants Management Officer (GMO) of the awarding Institute or Center approves an extension, grantees 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 grantees are now available at http://grants.nih.gov/grants/forms.htm. For further information, contact GrantsInfo@nih.gov. Additional resources concerning the eFSR/FFR

system, including a User Guide and an on-line demonstration, can be found on the eRA Commons Support Page: http://www.cdc.gov/od/pgo/funding/grants/eramain.shtm.

FFRSubmission: The submission of FFRs to CDC will require organizations to register with eRA Commons (Commons) (https://commons.era.nih.gov/commons/). CDC recommends that this one time registration process be completed at least 2 weeks prior to the submittal date of a FFR submission.

Organizations may verify their current registration status by running the "List of Commons Registered Organizations" query found at: http://era.nih.gov/commons/. Organizations not yet registered can go to https://commons.era.nih.gov/commons/registration/registrationInstructions.jsp 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: http://era.nih.gov/commons/index.cfm.

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, healthcare 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 project period. 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.

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.govCustomerSupport (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

eRACommonsHelpDesk (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

CDC Technical Information Management Section (TIMS)
Procurement and Grants Office
Telephone 770-488-2700
Email: PGOTIM@cdc.gov
Hours: Monday - Friday, 7am – 4:30pm U.S. Eastern Standard Time

Scientific/Research Contact(s)
Daniel Holcomb

Scientific Program Officer

National Center for Injury Prevention and Control

Telephone: 770-488-1556

Email: DHolcomb@cdc.gov

Peer Review Contact(s)
Jane Suen, PhD

Scientific Review Officer

National Center for Injury Prevention and Control

Telephone: 770-488-4281

Email: JSuen@cdc.gov

Financial/Grants Management Contact(s)
Devi Hawkins

Grants Management Officer

Procurement and Grants Office

Telephone: 770-488-2543

Email: DHawkins@cdc.gov

Section VIII. Other Information

Other CDC funding opportunity announcements 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 grantees will 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).