

Part I Overview Information

United States Department of Health and Human Services (HHS)

Issuing Organization

National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (NCIPC/CDC) at <http://www.cdc.gov/ncipc>

Participating Organizations

Centers for Disease Control and Prevention (CDC) at <http://www.cdc.gov>

Components of Participating Organizations

National Center for Injury Prevention and Control (NCIPC/CDC) at <http://www.cdc.gov/ncipc>

Title: Cooperative Agreement Program for the National Academic Centers of Excellence in Youth Violence Prevention (U01)

The policies, guidelines, terms, and conditions of the HHS Centers for Disease Control and Prevention (CDC) stated in this announcement might differ from those used by the HHS National Institutes of Health (NIH). If written guidance for completing this application is not available on the CDC website, then CDC will direct applicants elsewhere for that information.

Authority: This program is authorized under 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.

Announcement Type: New

Instructions for Submission of Electronic Research Applications:

NOTICE: Applications submitted in response to this Funding Opportunity Announcement (PA) for Federal assistance must be submitted electronically through Grants.gov (<http://www.grants.gov>) using the SF424 Research and Related (R&R) forms and the SF424 (R&R) Application Guide.

This PA must be read in conjunction with the application package instructions included with this announcement on Grants.gov/Apply for Grants (hereafter referred to as, Grants.gov/Apply.)

A registration process is necessary before submission, and applicants are strongly encouraged to start the process at least four weeks prior to the grant submission date. See [Section IV](#).

Two steps are required for on time submission:

- 1) The application must be successfully submitted and validated by Grants.gov no later than 11:59 p.m. Eastern Standard Time on the application submission receipt date (see "[Key Dates](#)" below.)
- 2) Applicants must complete a verification step in the Electronic Research Administration ([eRA Commons](#)) within two business days of notification. Note: Since email can be unreliable, it is the responsibility of the applicant to periodically check on their application status in the [eRA Commons](#).

Program Announcement (PA) Number: CDC-PA-CE10-004

This is a standing program announcement for 24 months with multiple receipt dates.

Catalog of Federal Domestic Assistance Number(s): 93.136, Injury Prevention and Control Research and State and Community Based Programs

Key Dates

Release/Posted Date:

Opening Date:

Letter of Intent Receipt Date(s): May 10, 2010; November 5, 2010

NOTE: On-time submission requires that applications be successfully submitted to Grants.gov and validated no later than 11:59 p.m. Eastern time. Please see [Section IV, 3.C. Application Processing](#).

Application Submission Receipt Date: (also see [Section IV.3A.](#)) June 9, 2010; December 6, 2010

Peer Review Date(s): within 3 months of submission

Council Review Date(s): within 8 weeks following peer review

Earliest Anticipated Start Date(s): September, 2010 (Cycle 1); September, 2011 (Cycle 2)

Additional Information to Be Available Date: N/A

Expiration Date: June 10, 2010; December 7, 2010

Due Date for E.O. 12372

Executive Order 12372 does not apply to this program.

Additional Overview Content

Executive Summary

- This program announcement (PA) solicits cooperative agreement (U01) applications to establish National Academic Centers of Excellence in Youth

Violence Prevention (ACEs). The goal of each ACE is to reduce youth violence in one defined high-risk community through the implementation and evaluation of a multifaceted, evidence-based primary prevention approach.

- The participating organizations intend to commit a total of \$5.2 million in FY 2010 and \$2.6 million in FY 2011 to this PA for payment of applications responsive to this announcement statement regarding the total amount to be awarded.
- Awards issued under this PA are contingent upon the availability of funds and the submission of a sufficient number of meritorious applications.
- The anticipated number of awards to be issued under this PA is up to four in FY2010 and an additional two in FY2011. The requirements are the same for both cycles.
- Because the nature and scope of the proposed research will vary from application to application, it is anticipated that the size and duration of each award will also vary. The total amount awarded and the number of awards will depend upon the activity code, quality, duration, and costs of the applications received.
- The budget period will be for one year and the anticipated project period up to five years. The funding level must not exceed \$1,300,000 total (including direct and indirect costs) per year, per applicant.
- Eligible Organizations: public and private nonprofit universities; colleges; and university associated teaching hospitals.
- One resubmission will be allowed in response to this PA. Resubmission applications must include an introduction addressing the previous critique. The resubmission receipt date is 270 days after the initial receipt date.
- See [Section IV.1](#) for application materials. The SF424 (R&R) Application Guide for this PA is located at these Web sites:
http://grants1.nih.gov/grants/funding/424/SF424_RR_Guide_General.doc (MS Word);
http://grants1.nih.gov/grants/funding/424/SF424_RR_Guide_General.pdf (PDF)
- For general information on SF424 (R&R) Application and Electronic Submission, see these the following Web sites: SF424 (R&R) Application and Electronic Submission Information:
<http://grants.nih.gov/grants/funding/424/index.htm>; General information on Electronic Submission of Grant Applications:
<http://era.nih.gov/ElectronicReceipt/>
- HHS/CDC Telecommunications for the hearing impaired is available at the following number: TTY 770-488-2783.

Funding Opportunity Announcement Glossary: [PA Glossary Terminology](#)

Table of Contents

Part I Overview Information

Part II Full Text of Announcement

Section I. Funding Opportunity Description

1. Research Objectives

Section II. Award Information

1. Mechanism(s) of Support
2. Funds Available

Section III. Eligibility Information

1. Eligible Applicants
 - A. Eligible Institutions
2. Cost Sharing or Matching
3. Other - Special Eligibility Criteria

Section IV. Application and Submission Information

1. Request Application Information
2. Content and Form of Application Submission
3. Submission Dates and Times
 - A. Receipt and Review and Anticipated Start Dates
 1. Letter of Intent
 - B. Submitting an Application to CDC
 - C. Application Processing
4. Intergovernmental Review
5. Funding Restrictions
6. Other Submission Requirements

Section V. Application Review Information

1. Criteria
2. Review and Selection Process
 - A. Additional Review Criteria
 - B. Additional Review Considerations
 - C. Sharing Research Data
 - D. Sharing Research Resources
3. Anticipated Announcement and Award Dates

Section VI. Award Administration Information

1. Award Notices
2. Administrative and National Policy Requirements
 - A. Cooperative Agreement
 1. Recipient Rights and Responsibilities
 2. HHS/CDC Responsibilities
 3. Collaborative Responsibilities
3. Reporting

Section VII. Agency Contact(s)

1. Scientific/Research Contact(s)
2. Peer Review Contact(s)
3. Financial/ Grants Management Contact(s)
4. General Questions Contact(s)

Section VIII. Other Information - Required Federal Citations

Part II - Full Text of Announcement

Section I. Funding Opportunity Description

1. Research Objectives

The National Center for Injury Prevention and Control of CDC within HHS is committed to achieving the health promotion and disease prevention objectives of "Healthy People 2010" and to measuring program performance as stipulated by the Government Performance and Review Act (GPRA). This RFA addresses the "Healthy People 2010" priority area(s) of injury and violence prevention and is in alignment with National Center for Injury Prevention and Control performance goal(s) to conduct a targeted program of research to reduce injury-related death and disability. For more information, see www.healthypeople.gov and <http://www.whitehouse.gov/omb/mgmt-gpra/>.

Background

Youth violence is a serious public health problem. Although rates of youth homicide have generally declined in most regions of the United States in the past 15 years, rates of violent injury and death and violence perpetration among youth remain unacceptably high. For instance, nearly 700,000 youth ages 10-24 were treated in U.S. emergency departments for injuries resulting from violence in 2007 (CDC, 2009). Homicide is the second leading cause of death among 15 to 24-year-olds and the third leading cause of death among 10- to 14-year-olds.

Efforts to reduce youth violence in communities are often limited in their intended audience or their approach. Strategies frequently involve identifying, incarcerating, and/or rehabilitating known juvenile offenders. Although such criminal justice efforts are important, evidence-based primary prevention strategies have the potential to prevent youth violence from occurring in the first place. Many interventions are also limited by an approach that focuses solely on individual or relationship factors. Research indicates that prevention activities should attend to the accumulation of risk factors across multiple levels of the social ecology. While it is important to pay attention to individual and relationship level factors (e.g., early aggressive behavior, parental influences, and affiliation with delinquent peers), attention to the larger role sociocultural, economic, and community factors play in the development of youth violence is also important, particularly when attempting to generate community-wide impacts.

A multifaceted prevention approach is needed to reduce risk factors and to enhance protective factors at the individual, relationship, and community levels. A multifaceted prevention approach includes complementary components (e.g., programs, policies, and strategies) that are designed to work at multiple levels of the social ecology to address one or more identified needs within a community. Moreover, a prevention approach designed to have a community-wide effect on youth violence needs to provide an adequate exposure to the prevention components to a large enough number of people to have the level of saturation necessary to achieve desired preventive effects. By including components that are provided universally (e.g., delivered to all youth, regardless of risk) as well as components that are focused on subgroups of youth or families at elevated risk, a multifaceted

approach can increase the likelihood of community-wide reductions in youth violence. There is a paucity of work that has utilized rigorous methodologies to evaluate comprehensive, multifaceted efforts to prevent youth violence in specific communities.

Research Objectives

The purpose of this PA is to establish National Academic Centers of Excellence in Youth Violence Prevention (ACEs). The specific objective of this announcement is to support Academic Centers of Excellence to reduce youth violence in one defined high-risk community by implementing and evaluating a multifaceted, evidence-based approach to prevent perpetration of youth violence.

For the purpose of this announcement, Youth violence is defined as the intentional use of physical force or power, threatened or actual, exerted by or against youth ages 10-24, which results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation. It includes violence between individuals or groups who may or may not know each other. It frequently takes place outside the home, in the streets, or in institutional settings, such as schools and workplaces. Community is defined here as individuals residing in a geographical area, such as a catchment area or a neighborhood. A "high-risk" community is a community that has multiple risk factors for youth violence. Applicants must propose to partner with a high-risk community with an already high prevalence of violent behavior, injury and death (e.g., rates of fighting, homicide, arrest for violent crime, or injuries treated in emergency departments). Applicants must document high prevalence rates of violent behavior using available data sets at the community level (e.g., vital statistics, community surveys, or other appropriate documentation).

The Centers for Excellence are expected to engage in reciprocally beneficial collaborations among researchers and non-governmental and governmental organizations (including the local health department) and a defined high-risk community, with the common goal of reducing youth interpersonal violence. Each center must include 3 core features: 1) an administrative infrastructure to support implementation and evaluation activities, to foster necessary collaborations, and to work together as an *ACE Youth Violence Prevention Network* (for additional information on the ACE Network, see Section VI, 2.A.3. Collaborative Responsibilities); 2) integrated implementation and evaluation activities focused on a multifaceted, evidence-based approach to youth violence prevention in a high-risk community; and 3) integrated training activities for junior and future researchers in youth violence prevention to complement the implementation and evaluation activities of the Center.

The multifaceted approach is expected to include components with the following key characteristics:

1. Components directed at universal and high-risk populations within the defined community. The approach should include one or more components that are provided regardless of risk (e.g., to all youth or all parents) as well as one or more components that are provided to a subgroup that is selected because of elevated risk for youth violence perpetration. A variety of parameters can be used to identify high-risk groups within the geographically defined community, including past behavior (e.g., substance abuse, delinquency), past exposure to violence, and family or peer factors.

2. Components directed at risk factors from each of the following levels of influence: *individual* (e.g., delinquency, substance abuse, lack of social skills); *relationship* (e.g., inadequate parental monitoring, supervision, discipline; peer norms supporting violence); and *community* (e.g., social disorganization, lack of cohesion, lack of economic or supervised recreational activities for youth). The components of the multifaceted approach should be complementary and have the reach and dosage necessary to have a community-wide effect. For example, a multifaceted approach could include a universal, school-based skills building curriculum; an intensive parenting program for families of high-risk youth; and a community-wide effort to improve the supervision of youth and promote positive youth development (e.g., increase youth access to adult mentors, increase community-wide after school and recreational activities). Approaches that simply take a program that focuses on individual-level factors in one setting and implement it in another setting (e.g., adapt a school-based curriculum for implementation in a community setting) are still addressing only individual level risks and would be unlikely to have the reach necessary to have a community-wide effect on youth violence.
3. Components that have documented evidence of effectiveness. "Documented evidence of effectiveness" of the proposed components is defined as at least one publication in a peer-reviewed journal article using randomized or rigorous quasi-experimental designs with matched control groups.

When seeking evidence-based approaches, applicants can use existing summaries to select programmatic approaches that fit the defined community's specific risk factors, resources, and cultural characteristics. For more information, see:

The Effectiveness of Universal School-Based Programs for the Prevention of Violent and Aggressive Behavior (2007)

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5607a1.htm>

Center for the Study and Prevention of Violence's Blueprints on Violence (2009) <http://www.colorado.edu/cspv/blueprints/index.html>

SAMHSA's National Registry of Evidence-Based Programs and Practices (2009) <http://www.nrepp.samhsa.gov/>

For components directed at risk factors for which there is no documented evidence, preliminary support (through best available evidence) and theoretical justification should be provided. If specific components will be newly developed, the applicant should indicate that no applicable evidence-based strategies exist, there is a gap in the literature, and that a need for it exists in the community.

In addition to the core features, applicants are expected to propose a rigorous evaluation that includes the following:

1. A plan to assess specific youth violence outcomes over time to detect the community-wide impact of the multifaceted approach on a range of youth violence outcomes. Evaluation of effects of specific components on those who were directly exposed is also appropriate but not required.
2. A single high-risk community to receive the multifaceted prevention approach and one or more comparison communities that are appropriately matched to the treatment community. The selected communities must be linked to an

available unit of injury and violence data. Applicants are expected to provide a rationale for why the particular selected communities are at high risk for violence and why the multifaceted evidence-based approach proposed has the potential for reducing youth violence in this community. Applicants should also provide a description of youth violence prevention activities that are already occurring in the defined and comparison communities and explain how these may affect the implementation and evaluation of the multifaceted approach.

3. An evaluation design and analysis plan with the greatest methodological rigor feasible, including matching of intervention and comparison communities. The evaluation design must also include:
 - Appropriate baseline/pre-intervention and post-intervention assessment of targeted outcomes, including a list of priority youth violence outcomes relevant to the defined intervention and comparison communities;
 - A strategy to document implementation of (and, if relevant to specific components, fidelity to) the components of the multifaceted approach;
 - An adequate amount of time to plan the implementation of the multifaceted approach; planning and development will be limited to one year at most.

See [Section VIII, Other Information - Required Federal Citations](#), for policies related to this announcement.

Section II. Award Information

1. Mechanism(s) of Support

This funding opportunity will use the U01 activity code.

The HHS/CDC U01 is a cooperative agreement assistance instrument. Under the U01 assistance instrument, the Recipient Organization retains the primary responsibility and dominant role for planning, directing, and executing the proposed project, and with HHS/CDC staff is substantially involved as a partner with the Recipient Organization, as described in [Section VI.2.A., "Cooperative Agreement"](#).

Applicants may submit up to one resubmission in response to this PA. For more information about resubmission, go to Section IV. Application and Submission Information, Other Submission Requirements.

2. Funds Available

The participating Centers, Institutes and Offices (CIO)(s) (NCIPC) intend to commit approximately \$5.2 million (direct and indirect costs) dollars in FY2010 to fund up to four applications and \$2.6 million (direct and indirect costs) dollars in FY2011 to fund an additional two applications. The average award amount will be \$1,300,000 total (direct and indirect costs) for the first 12-month budget period. An applicant may request a project period of up to five years. An applicant may request up to \$1,300,000 maximum ceiling of award amount for the first 12-month budget period.

The approximate total project period funded amount is \$39,000,000. The anticipated start date for new awards is September, 2010.

All estimated funding amounts are subject to availability of funds.

If an applicant requests a funding amount greater than the ceiling of the award range, HHS/CDC will consider the application non-responsive, and it will not be reviewed. HHS/CDC will notify the applicant that the application did not meet the submission requirements.

Because the nature and scope of the proposed research will vary from application to application, it is anticipated that the size and duration of each award will also vary. Although the financial plans of the CIO (s) provide support for this program, awards pursuant to this funding opportunity are contingent upon the availability of funds and the receipt of a sufficient number of meritorious applications.

Section III. Eligibility Information

1. Eligible Applicants

1.A. Eligible Institutions

You may submit an application(s) if your organization has any of the following characteristics:

- Public and private nonprofit universities
- Colleges
- University-associated teaching hospitals

2. Cost Sharing or Matching

Cost sharing or matching funds are not required.

The most current HHS Grants Policy Statement is available at:
http://www.hhs.gov/grantsnet/docs/HHSGPS_107.doc

3. Other-Special Eligibility Criteria

A To be considered responsive to this announcement, the applicant institution must provide:

- Documentation of a high-risk community with a high prevalence of violent behavior, injury and death (e.g., rates of fighting, homicide, or arrest for violent crime). Applicants must document high prevalence rates using available data sets at the community level (e.g., vital statistics, community surveys, or other appropriate documentation). The prevalence rate of violent behavior in the designated "high-risk Community" should be stated in the abstract.

- Documentation of a single defined community for the intervention and one or more matched comparison communities. These communities should be clearly identified in the abstract.
- Documentation that the Principal Investigator has prior experience conducting empirical research on youth violence or other youth risk behaviors (e.g., substance abuse prevention, high-risk sexual behavior, etc.) 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 SFS 424 Biographical Sketch.
- Documentation of a partnership with the local health department (city, county, or state) that serves the selected defined community. Letters of commitment or a memorandum of understanding from the relevant health department should be included. Letters from the health department should outline specific agreements with respect to 1) the roles and responsibilities of staff from the proposed ACE and health department; and 2) the activities engaged in by each participant organization. Note that a prior relationship or a previous collaboration with the health department is *not* necessary for the present application, and description of proposed partnerships may take any form proposed by applicants that match the capacity, needs, and expertise of the health departments. For example, applicants may propose to partner with health departments for implementation of the multifaceted approach; share youth violence-related data; serve in mutual advisory capacities; establish surveillance systems; identify opportunities for prevention planning, etc. Letters of commitment should be included in the appendices.
- There must be an overall match between the proposed objectives as described in the applicant's abstract and the Research Objectives of this PA as described in Section I under the heading, "Research Objectives."
- An applicant institution can submit more than one application in response to this PA, but may not submit more than one application with the same principal investigator. Only one application per institution, per principal investigator will be accepted under this announcement.
- Applicants currently funded under CE06-008 are not eligible to apply in the first application cycle as they are already receiving funds to do similar work. However, they are eligible to apply during the second submission period.
- Applications with sufficiently meritorious scores to warrant a recommendation for approval but did not receive a high enough priority score to be funded in cycle one will be eligible for funding in rank order should additional fiscal year 2010 funding become available. There is no assurance that an award will be made; therefore, no publicity should be given to the recommendation for approval nor any obligations incurred. If an award is not made within 12 months, the application will be destroyed or returned to the applicant upon request. Applications remaining in Approved but Unfunded (ABU) status will not be eligible to resubmit their application in the second submission period unless they formally withdraw their application from ABU status by sending an email to PGOTIM@cdc.gov and GCG4@cdc.gov and officially requesting that their application be removed. Applicants electing to withdraw their application from ABU status must do so within 30 days after receipt of the ABU letter. A withdrawn application that is fundamentally revised to qualify as

new can be resubmitted during the second submission period for funding consideration. The new application is expected to be substantially different in content and scope with more significant differences than are normally encountered in an amended application.

If your application is incomplete or non-responsive to the special requirements listed in this section, it will not enter into the review process.

Note: Title 2 of the United States Code Section 1611 states that an organization described in Section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting an award, grant, or loan.

Section IV. Application and Submission Information

To download a SF424 (R&R) Application Package and SF424 (R&R) Application Instructions for completing the SF424 (R&R) forms for this PA, link to Grants.gov/Apply and follow the directions provided on that Web site.

A one-time registration is required for institutions/organizations at the following:

- Grants.gov Get Registered, http://www.grants.gov/applicants/get_registered.jsp
- eRA Commons Prepare to Apply, <http://era.nih.gov/ElectronicReceipt/preparing.htm>

Note: Both the applicant organization, as well as, the PD/PI must register in eRA Commons for an application to be accepted electronically. The Credentials Log-In, referenced in Section IV. 2. Content and Form of Application Submission, is obtained through Step #3 in the required actions below.

PD/PIs should work with their institutions/organizations to make sure they are registered in the eRA Commons.

The following three steps are required before an applicant institution/organization can submit an electronic application, as follows:

1) Organizational/Institutional Registration in Grants.gov Get Registered, http://www.grants.gov/applicants/get_registered.jsp

- Your organization will need to obtain a [Data Universal Number System \(DUNS\) number](#) and register with the [Central Contractor Registration \(CCR\)](#) as part of the Grants.gov registration process.
- If your organization does not have a Taxpayer Identification Number (TIN) or Employer Identification Number (EIN), allow for extra time. A valid TIN or EIN is necessary for CCR registration.
- The CCR also validates the EIN against Internal Revenue Service records, a step that will take an additional one to two business days.

- Direct questions regarding Grants.gov registration to:
[Grants.gov Customer Support](#)
 Contact Center Phone: 800-518-4726
 Business Hours: M-F 7:00 a.m. - 9:00 p.m. Eastern Time
 Email support@grants.gov

2) Organizational/Institutional Registration in the eRA Commons Prepare to Apply,
<http://era.nih.gov/ElectronicReceipt/preparing.htm>

- To find out if an organization is already eRA Commons-registered, see the "[List of Grantee Organizations Registered in eRA Commons.](#)"
- Direct questions regarding the eRA Commons registration to:
 eRA Commons Help Desk
 Phone: 301-402-7469 or 866-504-9552 (Toll Free)
 TTY: 301-451-5939
 Business hours M-F 7:00 a.m. – 8:00 p.m. Eastern Time
 Email commons@od.nih.gov

3) Project Director/Principal Investigator (PD/PI) Registration in the eRA Commons:
 Refer to the [NIH eRA Commons System \(COM\) Users Guide](#).

- The individual designated as the PD/PI on the application must also be registered in the eRA Commons. It is not necessary for PDs/Pis to register with Grants.gov.
- The PD/PI must hold a PD/PI account in the eRA Commons and must be affiliated with the applicant organization. This account cannot have any other role attached to it other than the PD/PI.
- This registration/affiliation must be done by the Authorized Organization Representative/Signing Official (AOR/SO) or their designee who is already registered in the eRA Commons.
- Both the PD/PI and AOR/SO need separate accounts in the eRA Commons since both hold different roles for authorization and to view the application process.

Note that if a PD/PI is also an HHS peer-reviewer with an Individual DUNS and CCR registration, that particular DUNS number and CCR registration are for the individual reviewer only. These are different than any DUNS number and CCR registration used by an applicant organization. Individual DUNS and CCR registration should be used only for the purposes of personal reimbursement and should not be used on any grant applications submitted to the Federal Government.

Several of the steps of the registration process could take four weeks or more. Therefore, applicants should immediately check with their business official to determine whether their organization/institution is already registered in both [Grants.gov](#) and the eRA [Commons](#). The HHS/CDC strongly encourages applicants to use the Grants.gov electronic applications process and have organizations and PD/Pis complete all necessary registrations.

1. Request Application Information

Applicants must download the SF424 (R&R) application forms and SF424 (R&R) Application Guide for this PA through [Grants.gov/Apply](#).

Note: Only the forms package directly attached to a specific PA can be used. You will not be able to use any other SF424 (R&R) forms (e.g., sample forms, forms from another PA); although some of the "Attachment" files may be useable for more than one PA.

For further assistance, contact PGO TIMS: Telephone 770-488-2700, Email: PGOTIM@cdc.gov

HHS/CDC Telecommunications for the hearing impaired: TTY 770-488-2783.

2. Content and Form of Application Submission

Prepare all applications using the SF424 (R&R) application forms and in accordance with the SF424 (R&R) Application Guide ([MS Word](#) or [PDF](#)).

The SF424 (R&R) Application Guide is critical to submitting a complete and accurate application to HHS/CDC. There are fields within the SF424 (R&R) application components that, although not marked as mandatory, are required by HHS/CDC (e.g., the "Credential" log-in field of the "Research & Related Senior/Key Person Profile" component must contain the PD/PI assigned eRA Commons User ID). Agency-specific instructions for such fields are clearly identified in the Application Guide. For additional information, see "Tips and Tools for Navigating Electronic Submission" on the front page of "[Electronic Submission of Grant Applications](#)."

The SF424 (R&R) application is comprised of data arranged in separate components. Some components are required, others are optional. The forms package associated with this PA in [Grants.gov/Apply](https://grants.gov/apply) will include all applicable components, mandatory and optional. A completed application in response to this PA will include the following components:

Required Components:

SF424 (R&R) (Cover component)
Research & Related Project/Performance Site Locations
Research & Related Other Project Information
Research & Related Senior/Key Person Profile
PHS398 Research & Related Budget
PHS398 Cover Page Supplement
PHS398 Research Plan
PHS398 Checklist

Optional Components:

PHS398 Cover Letter File
Research & Related Sub award Budget Attachment(s) Form

- Note: While both budget components are included in the SF424 (R&R) forms package, the CDC U01 (activity code) uses ONLY the detailed Research & Related Budget. (Do not use the PHS 398 Modular Budget.)

3. Submission Dates and Times

See [Section IV.3.A](#) for details

3. A. Submission, Review and Anticipated Start Dates

Opening Date:

Letter of Intent Receipt Date: May 10, 2010; November 5, 2010

Application Submission Receipt Date(s): June 9, 2010; December 6, 2010

Peer Review Date (s): within 3 months of submission

Council Review Date (s): within 8 weeks of peer review

Earliest Anticipated Start Date: September, 2010 (Cycle 1); September, 2011 (Cycle 2)

3.A.1. Letter of Intent

Prospective applicants are asked to submit a letter of intent that includes the following information:

- Descriptive title of proposed research
- Name, address, and telephone number of the Principal Investigator
- Names of other key personnel
- Participating institutions
- Number and title of this funding opportunity

Although a letter of intent is not required, is not binding, and does not enter into the review of a subsequent application, the information that it contains allows CDC Program staff to estimate the potential review workload and plan the review.

The letter of intent is to be sent by the date listed in Section IV. 3.A

The letter of intent should be sent to:

J. Felix Rogers, Ph.D., MPH
Scientific Review Administrator
National Center for Injury Prevention and Control
Extramural Research Program Office
Centers for Disease Control and Prevention (CDC)

Address for Express Mail or Delivery Service:

4770 Buford Hwy. NE
Bldg 106, Room 09116
Atlanta, GA 30341-3717

Address for U.S. Postal Service Mail:

4770 Buford Hwy, NE, Mailstop F-63
Atlanta, GA 30341-3717

Telephone: (770) 488-4334

Fax: (770) 488-4222

Email: frogers@cdc.gov

3.B. Submitting an Application to CDC

If the instructions in this announcement differ in any way from the 424 R&R instructions, follow the instructions in this announcement.

To submit an application in response to this PA, applicants should access this PA via [Grants.gov/Apply](https://www.grants.gov/Apply) and follow steps 1-4. Applications must be submitted electronically through Grants.gov (<http://www.grants.gov>) where the application will be electronically time/date stamped by Grants.gov. The applicants' Authorized Organization Representative (AOR) will receive an e-mail notice of receipt from eRA Commons and Grants.gov when HHS/CDC receives the application.

This announcement is the definitive guide on Letter Of Intent (LOI) and application content, submission procedures, and deadline. It supersedes information provided in the application instructions. If your application does not meet the deadline described in [Section IV.3.A](#), it will not be eligible for review. You will receive notification that you did not meet the submission requirements.

3.C. Application Processing

Applications **may** be submitted on or after the opening date and **must** be successfully received **and validated** by Grants.gov no later than **11:59 p.m. eastern time of the closing date**. Applications not submitted by the due date(s) and time it will not be reviewed.

Once an application package has been successfully submitted through Grants.gov, any errors have been addressed, and the assembled application has been created in the eRA Commons, the PD/PI and the Authorized Organization Representative/Signing Official (AOR/SO) have two weekdays (Monday – Friday, excluding Federal holidays) to view the application image to determine if any further action is necessary.

- If everything is acceptable, no further action is necessary. The application will automatically move forward for processing after two weekdays, excluding Federal holidays.
- Prior to the submission deadline, the AOR/SO can "Reject" the assembled application and submit a changed/corrected application within the two-day viewing window before the closing date. This option should be used if it is determined that some part of the application was lost or did not transfer correctly during the submission process, the AOR/SO will have the option to "Reject" the application and submit a Changed/Corrected application before the closing date. In these cases, please contact the eRA Help Desk to ensure that the issues are addressed and corrected. Once rejected, applicants should follow the instructions for correcting errors in Section 2.12, including the requirement for cover letters on late applications. The "Reject" feature should also be used if you determine that warnings are applicable to your application and need to be addressed now. Remember, warnings do not stop further application processing. If an application submission results in warnings (but no errors), it will automatically move forward after two weekdays if no action is taken. Some warnings may need to be addressed later in the process.

- Both the AOR/SO and PD/PI will receive e-mail notifications when the application is rejected or the application automatically moves forward in the process after two weekdays.

Note: The application is not complete until it has passed the Grants.gov validation process. Applicants will receive a submission receipt email followed by an email from Grants.gov confirming that the application package passed the validation process or was rejected due to errors. Validation takes two (2) calendar days; however, applicants may check the status of the application to ensure submission is complete. To guarantee that compliance with the Funding Opportunity Announcement, allocate additional time to the submission process. Applications that have not passed the validation process within 48 hours of the submission deadline may not be accepted. If no validation e-mail from Grants.gov is received within two (2) calendar days of submission, you may contact Grants.gov. Please refer to the Grants.gov email message generated at the time of application submission for instructions on how to track your application or the [Application User Guide](#).

Upon receipt, applications will be evaluated for completeness and responsiveness by the CDC Procurements and Grants Office and the CIO. Incomplete and non-responsive applications will not be reviewed. There will be an acknowledgement of receipt of applications from Grants.gov and the [Commons](#). The submitting AOR/SO receives the Grants.gov acknowledgments. The AOR/SO and the PI receive Commons acknowledgments. Information related to the assignment of an application to a Scientific Review Group is also in the Commons.

Note: Since email can be unreliable, it is the responsibility of the applicant to check periodically on the application status in the Commons.

The HHS/CDC will not accept any application in response to this PA that is essentially the same as one currently pending initial review, unless the applicant withdraws the pending application. However, when a previously unfunded application, originally submitted as an investigator-initiated application, is to be submitted in response to a funding opportunity, it is to be prepared as a NEW application. That is, the application for the funding opportunity must not include an Introduction describing the changes and improvements made, and the text must not be marked to indicate the changes from the previous unfunded version of the application.

4. Intergovernmental Review

Executive Order 12372 does not apply to this program.

5. Funding Restrictions

All HHS/CDC awards are subject to the terms and conditions, cost principles, and other considerations described in the HHS Grants Policy Statement.

Restrictions, which applicants must take into account while writing their budgets, are as follows:

- Funds relating to the conduct of research involving human subjects will be restricted until the appropriate assurances and Institutional Review Board approvals are in place.

- Reimbursement of pre-award costs is not allowed.
- Grant funds will not be made available to support the provision of direct care.

6. Other Submission Requirements

Awardees upon acceptance of Notice of Award (NoA), must agree to the "Cooperative Agreement Terms and Conditions of Award" in Section VI. "Award Administration Information".

If you are requesting indirect costs in your budget, you must include a copy of your indirect cost rate agreement. If your indirect cost rate is a provisional rate, the agreement should be less than 12 months of age. If submitting electronically, use a PDF version of the agreement, attach it in Grants.gov under "Other Attachments", and title it appropriately.

Travel expenses to Atlanta, GA for up to four ACE faculty and staff to attend an annual 2 day Ace grantee meeting should be included in the proposed budget.

Applicants' research plan(s) should address activities they will conduct over the entire project period.

The HHS/CDC requires the PD/PI to fill in his/her eRA Commons User ID in the "PROFILE – Project Director/Principal Investigator" section, "Credential" log-in field of the "Research & Related Senior/Key Person Profile" component. The applicant organization must include its DUNS number in its Organization Profile in the eRA Commons. This DUNS number must match the DUNS number provided at CCR registration with Grants.gov. For additional information, see Registration FAQs – Important Tips -- [Electronic Submission of Grant Applications](#).

Applicants may submit up to one resubmission in response to this PA. Resubmissions must include an introduction to the Research Plan as part of the application. For an electronic application, use the item called Introduction to Application of the PHS 398 research Plan form. The Introduction to the resubmission may be no more than one page and must include a summary of all additions, deletions, and changes to the old application and a response to reviewers' comments that address the criticisms in the summary statement.

Applications with sufficiently meritorious scores to warrant a recommendation for approval but did not receive a high enough priority score to be funded in cycle one will be eligible for funding in rank order should additional fiscal year 2010 funding become available. There is no assurance that an award will be made; therefore, no publicity should be given to the recommendation for approval nor any obligations incurred. If an award is not made within 12 months, the application will be destroyed or returned to the applicant upon request. Applications remaining in Approved but Unfunded (ABU) status will not be eligible to resubmit their application in the second submission period unless they formally withdraw their application from ABU status. Applicants electing to withdraw their application from ABU status must do so within 30 days after receipt of the ABU letter. A withdrawn application that is fundamentally revised to qualify as new can be resubmitted during the second submission period for funding consideration. The new application is expected to be substantially different in content and scope with more significant differences than are normally encountered in an amended application.

Research Plan Component Sections

While each section of the Research Plan component needs to be uploaded separately as a PDF attachment, applicants are encouraged to construct the Research Plan component as a single document, separating sections into distinct PDF attachments just before uploading the files. This approach will enable applicants to better monitor formatting requirements such as page limits. All attachments must be provided to HHS/CDC in PDF format, filenames must be included with no spaces or special characters, and a PDF extension must be used. Do not include any information in a header or footer of the attachments. A header will be system-generated that references the PD/PI. Page numbers for the footer will be system-generated in the complete application, with all pages sequentially numbered; therefore, do not number the pages of your attachments. Your research plan must not exceed 40 pages. If your research plan exceeds the page limitation, your application will be considered non-responsive and ineligible for review.

The following materials may be included in the Appendix:

Up to ten publications, manuscripts (accepted for publication), abstracts, patents, or other printed materials directly relevant to the proposed project. Do not include manuscripts submitted for publication. Applicants should refer to instruction guides and specific Funding Opportunity Announcements (PAs) to determine the appropriate limit on the number of publications that may be submitted for a particular program. Note that not all grant activity codes allow the inclusion of publications.

- Publications in press: Include only a publication list with a link to the publicly available on-line journal article or the NIH Pub Med Central (PMC) submission identification number. Do not include the entire article.
- Manuscripts accepted for publication but not yet published: The entire article may be submitted electronically as a PDF attachment.
- Manuscripts published but a publicly available online journal link is not available: The entire article may be submitted electronically as a PDF attachment.
- Surveys, questionnaires, data collection instruments, clinical protocols, and informed consent documents.
- Graphic images of gels, micrographs, etc. provided that the image (may be reduced in size) is also included within the (stated) page limit of Items 2-5 of the Research Plan component. No images may be included in the Appendix that are not also represented within the Research Plan.

Please note the following restriction on appendix attachments: The Research Plan Appendix attachments are limited to 10 attachments. Appendices are uploaded as attachments in the PHS 398 Research Plan form, in field #18, within the electronic application package. An applicant will receive an error message if the number of appendix attachments exceeds 10, which will result in an unsuccessful submission of the application. You may include more than one publication, or other allowable appendix material, within one attachment; however, do not let your attachments exceed 10."

Do not use the Appendix to circumvent the page limitations of the Research Plan component. An application that does not observe the relevant policies and procedures will not be considered in the review process. Applicants are reminded to

review specific PAs for any additional program-specific guidance on Appendix material and other application requirements.

The research plan should consist of the following information:

I. Overall Description of the Proposed ACE (approximately 5 pages):

Applicants should provide an overall description of the proposed Center, including its goals and objectives, and provide an overview (using relevant literature) for how the proposed activities are expected to have an impact on youth violence and further our understanding of its prevention.

II. Administrative and Infrastructure Core (approximately 5 pages):

Applicants should provide a description of the infrastructure of personnel and resources required to accomplish the goals and objectives of the ACE. This description should include a statement of institutional commitment to the proposed ACE, including the ability to develop and maintain the necessary infrastructure, and letters of support should be included to demonstrate this capacity. Applicants should include descriptions of the following infrastructure elements:

- An organizational chart illustrating the Center, including faculty and staff distribution and roles, and partnerships external to the institution with identified roles and responsibilities.
- Clear, detailed evidence of institutional commitment. This may take the form of office space, personnel, equipment, other resources, return of indirect costs, additional funding, resource allocation, etc.
- A staffing plan describing the qualifications of the Principal Investigator and the planned percentage of time that he/she will devote to the ACE and the *ACE Youth Violence Prevention Network*; descriptions of other ACE faculty and staff, their role and planned percent of effort. The staffing plan should include participation from a multidisciplinary faculty with expertise that is complementary to the ACE's planned activities.
- Commitment of PI and other staff time to the ACE Youth Violence Prevention Network, including regular conference calls, on-site meetings, and contributions to collaborative projects.

III. Implementation and Evaluation Core (approximately 20 pages):

Applicants should provide a description of the plans for implementing and evaluating the proposed multifaceted, evidence-based approach within the defined high-risk community. This approach should provide a description and rationale for the following items.

1. Defined Community and Comparison Communities

2. Multifaceted, Evidence-Based Approach for Youth Violence Prevention

- Components for risk factors at multiple levels (individual, relationship, community), and for different risk groups (universal, high-risk)
- Settings and partnerships

3. Evaluation Plan for Multifaceted Prevention Approach

- Youth violence outcomes

- Design and sampling requirements (as appropriate) and data collection activities

4. Measurement of Implementation and/or Fidelity

5. Timeline for Implementation and Evaluation

Applicants can refer to the Research Objective section for further information.

IV. Training Core (approximately 6 pages): Applicants should provide a description of proposed training activities for junior youth violence prevention researchers and how such activities will be integrated into the implementation and evaluation of the multifaceted youth violence prevention approach. Applicants should also describe:

- Evidence of previous research training and mentoring experience in youth violence prevention-related content areas.
- Plans for cross-disciplinary training of new and established investigators, including: adequacy of facilities; capacity to train students and/or fellows in youth violence prevention research; and experience in effectively conducting mentoring and career development activities.

V. Communication and Dissemination Activities (approximately 4 pages):

Applicants should outline a communication and dissemination plan to share ACE accomplishments with partners and potential stakeholders in the defined communities. The communication plan should include activities addressing the following:

- How the Center’s findings, methods, and tools will be disseminated and made available to different audiences, and how the Center’s stakeholders (e.g., practitioners, community members, policy makers) will be kept abreast of accomplishments. The outline should include a plan for informing community partners of research progress and results on a regular basis.
- The communication plan should describe how applicants will participate in coordinated activities with other ACEs through the *ACE Youth Violence Prevention Network* to facilitate linkages and to promote national/state/local partnerships. The outline should also describe the infrastructure of resources and personnel necessary to support communication and dissemination activities.

To facilitate the preparation and review of the application, the Research Plan of the application should be organized according to the Table of Contents listed below.

Application narrative (research plan):

- Overall Description of the Proposed ACE
- Administrative and Infrastructure Core
- Implementation and Evaluation Core
- Training Core
- Communication and Dissemination Activities

Plan for Sharing Research Data

All applicants must include a plan for sharing research data in their application. The HHS/CDC data sharing policy is available at <http://www.cdc.gov/od/pgo/funding/ARs.htm> under Additional Requirements 25 Release and Sharing of Data. All investigators responding to this funding opportunity should include a description of how final research data will be shared, or explain why data sharing is not possible. Applicants should describe briefly the expected schedule for data sharing, the format and documentation, and a brief description of any data sharing agreements required (including the criteria for deciding who can receive the data).

The reasonableness of the data sharing plan or the rationale for not sharing research data will be assessed by the reviewers. However, reviewers will not factor the proposed data sharing plan into the determination of scientific merit or the priority score. CDC will work with funded Centers to further develop and refine a plan for sharing research data that meets the needs and requirements of the particular projects and the unique data sets.

Section V. Application Review Information

1. Criteria

Only the review criteria described below will be considered in the review process.

- Scientific merit of the proposed project as determined by peer review
- Availability of funds
- Relevance of program priorities and the priorities of the U.S. Department of Health and Human Services, for more information see, www.healthypeople.gov and http://www.cdc.gov/ncipc/publications/research_agenda/agenda.htm
- Geographic balance is desirable and may be considered in making final selection decisions

2. Review and Selection Process

Applications that are complete and responsive to this PA will be evaluated for scientific and technical merit by an appropriate peer review group convened by the National Center for Injury Prevention and Control and in accordance with HHS peer review procedures (<http://grants1.nih.gov/grants/peer/>), using the review criteria stated below.

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 impact/ priority score;
- Receive a written critique; and
- Receive a second level of review by the NCIPC Board of Scientific Counselors (BSC) to make funding recommendations based on responsiveness of applications to program priorities as stated in this PA, Section V.1. Criteria.

BSC members will vote, in a closed session, on funding recommendations. The secondary review committee may recommend to the HHS/CDC/NCIPC Director to reach over better ranked proposals in order to assure maximum impact and balance of proposed research.

Applications submitted in response to this PA will compete for available funds with all other recommended applications submitted in response to this PA. The following will be considered in making funding decisions:

- Scientific merit of the proposed project as determined by peer review
- Availability of funds
- Relevance of the proposed project to program priorities
- Geographic balance is desirable and may be considered in making final selection decisions

The mission of HHS/CDC is to promote health and quality of life by preventing and controlling disease, injury, and disability. As part of this mission, applications submitted to the HHS/CDC for grants or cooperative agreements to public health research are evaluated for scientific and technical merit through the HHS/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 five core review criteria, and additional review criteria (as applicable for the project proposed).

Core Review Criteria. Reviewers will consider each of the five review criteria below in the determination of scientific and technical 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 current knowledge of effective prevention of youth violence in community settings? Does the application include a clear description of a geographically defined community and appropriately matched comparison communities? Is there a clear rationale for why the particular selected communities are at high risk for violence and have potential for demonstrating positive impact through the proposed prevention activities? Is there appropriate evidence of community support for the center and buy-in to the proposed activities and the multifaceted approach proposed as evidenced through specific, detailed letters of support from community members and/or other key partners?

Investigator(s). Are the PD/PIs, collaborators, and other researchers well suited to the project? If Early Stage Investigators or New Investigators, do they have appropriate experience and training? If established, 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 PI have leadership and institutional authority to direct the activities of the ACE? Does the PI have the necessary research expertise to participate in the ACE Network? Is there a clearly explained staffing plan, with clearly defined roles and responsibilities? Does the application include a description of the organization of the Center? Do Center investigators have demonstrated experience in conducting, evaluating, and publishing prevention and/or intervention research? Does the application include adequate information on the project team's experience in conducting research consistent with that proposed in the application?

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 the 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 fully address the Research Objectives as stated in Section I? Does the applicant propose to conduct a multifaceted, evidence-based approach to youth violence prevention within a defined community that is at high risk for violence? Does the approach include components designed to address risk factors at three levels of the social ecology (individual, relationship, *and* community risk factors)? Does the approach address universal and high-risk populations within the defined community? Is there empirical support or documented evidence, where applicable, for proposed components of the approach proposed? Does the application include an adequate justification for the likelihood that the proposed approach will have a community-wide impact on youth violence outcomes in the defined community? Is the proposed evaluation design appropriately rigorous and feasible? Does the application identify a list of priority youth violence outcomes that are behavioral indicators relevant to the defined community and comparison communities? Does the evaluation include measurement of community-wide impacts on youth violence?

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?

In addition to the above review criteria, the following criteria will be addressed and considered in the determination of scientific merit and the rating:

- Secondary Review

The secondary review will be conducted to develop funding recommendations for the HHS/CDC/NCIPC Director. The secondary review committee may recommend to the HHS/CDC/NCIPC Director to reach over better ranked proposals in order to assure maximum impact of proposed research. The factors to be considered will include:

- The comments and recommendations of the primary review including the application's priority score as the primary factor in the selection process.
- The relevance and balance of proposed research topics relative to the HHS/CDC/NCIPC programs priorities and the research objectives identified in this PA.
- The significance of the proposed activities in relation to the priorities and objectives stated in "Healthy People 2010," and the 2009 "CDC Injury Research Agenda.". For more information, see www.healthypeople.gov and <http://intra-apps.cdc.gov/fmo/>, http://www.cdc.gov/ncipc/pub-res/research_agenda/agenda.htm. The proposed research must address one of the research objectives.
- The availability of funds.
- The relevance and balance of proposed research relative to the HHS/CDC/NCIPC programs and priorities, and to assure that unwarranted duplication of federally-funded research does not occur.
- Geographic balance is desirable and may be considered in making final selection decisions

Directors Review

All awards will be determined by the Director of the HHS/CDC/NCIPC based on priority scores assigned to applications by the primary review committee, recommendations by the secondary review committee, and the extramural research program staff in consultation with HHS/CDC/NCIPC senior staff. In determining which applications to approve and the priorities for funding, the approving official should take into account any information and views that are required or permitted to be considered by statute, EO, or regulations, in addition to the contents of individual applications.

Additional Review Criteria. As applicable for the project proposed, reviewers will consider the following additional items in the determination of scientific and technical merit, but will not give separate scores for these items:

Protections for Human Subjects. The involvement of human subjects and protections from research risk relating to their participation in the proposed research will be assessed. See the "Human Subjects Sections" of the PHS398 Research Plan component of the SF424 (R&R).

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. Additional HHS/CDC Requirements under AR-1 Human Subjects Requirements are available on the Internet at the following address: <http://www.cdc.gov/od/pgo/funding/ARs.htm>.

Inclusion of Women, Minorities, and Children. When the proposed project involves human subjects research, the committee will evaluate the proposed plans for inclusion of minorities and members of both genders, as well as the inclusion of children. Please see <http://www.cdc.gov/OD/foia/policies/inclusio.htm> for more information.

Does the application adequately address the HHS/CDC Policy requirements regarding the inclusion of women, ethnic, and racial groups in the proposed research? This includes: (1) The proposed plan for the inclusion of both sexes and racial and ethnic minority populations for appropriate representation; (2) The proposed justification when representation is limited or absent; (3) A statement as to whether the design of the study is adequate to measure differences when warranted; and (4) A statement as to whether the plans for recruitment and outreach for study participants include the process of establishing partnerships with community(ies) and recognition of mutual benefits (see Section 2, item 9 Inclusion or Women and Minorities of the Research Plan component of the SF424 (R&R)).

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.

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.

Budget and Period Support. Reviewers will consider whether the budget and the requested period of support are fully justified and reasonable in relation to the proposed research.

Resource and Data Sharing Plans. HHS/CDC policy requires that recipients of grant awards make unique 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/foia/policies/sharing.htm>. Investigators responding to this funding opportunity should include a plan on sharing research resources and data.

Program staff will be responsible for the administrative review of the plan for sharing research resources and data.

The adequacy of the resources and data sharing plan will be considered by Program staff of the funding organization when making recommendations about funding applications. The effectiveness of the resource sharing will be evaluated as part of the administrative review of each non-competing Grant Progress Report (HHS/PHS 2590 <http://grants.nih.gov/grants/funding/2590/2590.htm>). See [Section VI.3. Reporting](#).

3. Anticipated Announcement and Award Dates

Grantees will be notified by September 2010 by the HHS/CDC's Procurement and Grants Office (PGO) if their applications were selected for initial funding.

Section VI. Award Administration Information

1. Award Notices

After the peer review of the application is completed, the applicant organization will receive a written critique called a "Summary Statement." The applicant organization and the PD/PI will be able to access the Summary Statement via the eRA Commons.

HHS/CDC will contact those applicants under consideration for funding for additional information.

A formal notification in the form of a Notice of Award (NoA) will be provided to the applicant organization. The NoA signed by the Grants Management Officer (GMO) is the authorizing document. HHS/CDC will mail and/or e-mail this document to the recipient fiscal officer identified in the application.

Selection of the application for award is not an authorization to begin performance. Any cost incurred before receipt of the NoA is at the recipient's risk. These costs will not be reimbursed. See also [Section IV.5. Funding Restrictions](#).

2. Administrative and National Policy Requirements

The Code of Federal Regulations 45 CFR Part 74 and Part 92 have details about requirements. For more information on the Code of Federal Regulations, see the National Archives and Records Administration at the following Internet address: <http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>. Additional requirements are available in [Section VIII. Other Information](#) of this document or on the HHS/CDC website at the following Internet address: <http://www.cdc.gov/od/pgo/funding/ARs.htm>. These will be incorporated into the NoA by reference.

The following terms and conditions will be incorporated into the NoA and will be provided to the appropriate institutional official and a courteous copy to the PD/PI at the time of award.

2.A. Cooperative Agreement

The following terms of award are in addition to, and not in lieu of, otherwise applicable Office of Management and Budget (OMB) administrative guidelines, HHS grant administration regulations at 45 CFR Parts 74 and 92 (Part 92 is applicable when State and local Governments are eligible to apply), and other HHS/CDC grant administration policies.

The administrative and funding instrument used for this program will be the cooperative agreement U01 an "assistance" instrument (rather than an "acquisition" instrument), in which substantial HHS/CDC programmatic involvement with the awardees is anticipated during the performance of the activities. Under the cooperative agreement, the HHS/CDC purpose is to support and stimulate the recipients' activities by involvement in and otherwise working jointly with the award recipients in a partnership role; it is not to assume direction, prime responsibility, or a dominant role in the activities. Consistent with this concept, the dominant role and prime responsibility resides with the awardees for the project as a whole, although specific tasks and activities may be shared among the awardees and the HHS/CDC may share specific tasks and activities, as defined above.

2.A.1. Recipient Rights and Responsibilities

The Recipient will have the primary responsibility for the following:

- Designing and conducting research to address the described goals of this cooperative agreement;
- Partnering effectively with any outside entities expected to participate in the proposed research or to provide data. Such partnerships should be well-defined and documented by memoranda of understanding;
- Developing a research protocol for Institutional Review Board (IRB) review and approval by all cooperating institutions participating in the research;
- Obtaining approval of the study protocol by the recipients' local IRB, if applicable;
- Analyzing data, publishing findings in peer-reviewed journals, and presenting results at scientific conferences and other meetings;
- Working as part of the *ACE Youth Violence Prevention Network* to achieve implementation and evaluation goals and to serve as a resource for local, regional, and national violence prevention efforts;
- Establishing and supporting a core administrative infrastructure with needed expertise to carry out the implementation and evaluation of the multifaceted youth violence prevention approach;
- Providing explicit training and professional development opportunities for junior researchers to support future professionals in youth violence prevention and build into the implementation and evaluation work of the Center;
- Participating in one reverse site visit with CDC in Atlanta on an annual basis.

Recipient Organization will retain custody of and have primary rights to the information, data and software developed under this award, subject to U.S. Government rights of access consistent with current HHS/CDC policies.

2.A.2. HHS/CDC Responsibilities

An HHS/CDC Project Scientist will have substantial programmatic involvement that is above and beyond the normal stewardship role in awards, as described below:

- Assisting in designing implementation and evaluation protocols (e.g., for strategy implementation, sampling, recruitment, assessment, and data management), and participating in analysis, interpretation, and dissemination of study findings.
- Collaborating with the grantee to ensure human subjects assurances are in place as needed. As necessary, collaborating in the development or

- amendment of a research protocol involving human subjects for Institutional Review Board (IRB) review by all collaborating institutions, including CDC if applicable. If applicable, the CDC IRB will review the protocol initially and on an annual basis until the project is complete.
- Monitoring and evaluating the scientific and operational accomplishments of the project through conference calls, site visits, and review of technical reports.

Additionally, an HHS/CDC agency program official or CIO program director will be responsible for the normal scientific and programmatic stewardship of the award and will be named in the NoA.

2.A.3. Collaborative Responsibilities

Under this funding announcement, the ACEs are expected to collaborate as an ACE Youth Violence Prevention Network. Membership in the ACE Network will be made up of ACE PIs, co-investigators, collaborators, and CDC scientific collaborators.

A Steering Committee for the ACE Network will be formed and will serve as the governing board for all collaborative activities. The goal of the steering committee will be to ensure that collaborative activities are consistent with the goals and objectives of the ACE program. The Steering Committee will be comprised of one representative (the PI) from each of the ACEs and a representative from CDC (the ACE Scientific Collaborator).

Each full member will have one vote. Awardees members of the Steering Committee will be required to accept and implement policies approved by the Steering Committee.

The Steering Committee may convene subcommittees to carry out collaborative activities. Membership on the subcommittees will be comprised of members of the ACE Network. The subcommittees will be responsible for meeting deadlines and deliverables on the collaborative activities and reporting back to the Steering Committee regarding timelines and progress towards agreed upon activities.

3. Reporting

Recipient Organization must provide HHS/CDC with an original, plus two hard copies of the following reports:

1. 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>, no less than 120 days prior to the end of the current budget period. The progress report will serve as the non-competing continuation application. If you would like to change reporting requirement (i.e. quarterly, semi annual) see instructions above and insert. Add Information Here.
2. Financial status report, no more than 90 days after the end of the budget period.
3. Final financial and performance reports, no more than 90 days after the end of the project period.

Recipient Organization must forward these reports by the U.S. Postal Service or express delivery to the Grants Management Specialist listed in the "Agency Contacts" section of this PA.

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.

Section VII. Agency Contacts

HHS/CDC encourages your inquiries concerning this PA and welcomes the opportunity to answer questions from potential applicants. Inquiries can fall into three areas: scientific/research, peer review, and financial or grants management issues:

1. Scientific/Research Contacts:

JoAnn M. Thierry, PhD
Scientific Program Officer
National Center for Injury Prevention and Control
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS F-63
Atlanta, GA 30341-3717
Telephone: (770) 488-1556
Fax: (770) 488-4222
Email: jxt4@cdc.gov

2. Peer Review Contacts:

J. Felix Rogers, Ph.D., MPH
Scientific Review Administrator
National Center for Injury Prevention and Control
Extramural Research Program Office
Centers for Disease Control and Prevention (CDC)

Address for Express Mail or Delivery Service:
4770 Buford Hwy. NE
Bldg 106, Room 09116
Atlanta, GA 30341-3717

Address for U.S. Postal Service Mail:
4770 Buford Hwy, NE, Mailstop F-63
Atlanta, GA 30341-3717

Telephone: (770) 488-4334
Fax: (770) 488-4222
Email: frogers@cdc.gov

3. Financial or Grants Management Contacts:

Gladys Gissentanna
Grants Management Officer
Procurement and Grants Office
Centers for Disease Control and Prevention
2920 Brandywine Road, MS K-70
Atlanta, GA 30341
Telephone: (770) 488-2741
Fax: (770) 488-2670
Email: gcg4@cdc.gov

4. General Questions Contacts:

Technical Information Management Section
CDC Procurement and Grants Office
U.S. Department of Health and Human Services
2920 Brandywine Road
Atlanta, GA 30341
Telephone: 770-488-2700
Email: PGOTIM@cdc.gov

Section VIII. Other Information

Required Federal Citations

Human Subjects Protection

Federal regulations (45 CFR Part 46) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained (<http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.htm>). Additional HHS/CDC Requirements under AR-1 Human Subjects Requirements can be found on the Internet at the following address:
<http://www.cdc.gov/od/pgo/funding/ARs.htm>.

Use of Animals in Research

Recipients of PHS support for activities involving live, vertebrate animals must comply with the PHS Policy on Humane Care and Use of Laboratory Animals (<http://grants.nih.gov/grants/olaw/references/PHSPolicyLabAnimals.pdf>) as mandated by the Health Research Extension Act of 1985 (<http://grants.nih.gov/grants/olaw/references/hrea1985.htm>), and the USDA Animal Welfare Regulations (<http://www.nal.usda.gov/awic/legislat/usdaleg1.htm>) as applicable. Additional HHS/CDC Requirements under AR-3 Animal Subjects

Requirements can be found at <http://www.cdc.gov/od/pgo/funding/ARs.htm>.

Requirements for Inclusion of Women and Racial and Ethnic Minorities in Research

It is the policy of the Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR) to ensure that individuals of both sexes and the various racial and ethnic groups will be included in CDC/ATSDR-supported research projects involving human subjects, whenever feasible and appropriate. Racial and ethnic groups are those defined in OMB Directive No. 15 and include American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander. Applicants shall ensure that women, racial and ethnic minority populations are appropriately represented in applications for research involving human subjects. Where clear and compelling rationale exist that inclusion is inappropriate or not feasible, this situation must be explained as part of the application. This policy does not apply to research studies when the investigator cannot control the race, ethnicity, and/or sex of subjects. Further guidance to this policy is contained in the Federal Register, Vol. 60, No. 179, pages 47947-47951, and dated Friday, September 15, 1995.

Inclusion of Persons Under the Age of 21 in Research

The policy of CDC is that persons under the age of 21 must be included in all human subjects research that is conducted or supported by CDC, unless there are scientific and ethical reasons not to include them. This policy applies to all CDC-conducted or CDC-supported research involving human subjects, including research that is otherwise exempt in accordance with Sections 101(b) and 401(b) of [45 C.F.R. Part 46, HHS Policy for the Protection of Human Subjects](#). Therefore, proposals for research involving human subjects must include a description of plans for including persons under the age of 21. If persons under the age of 21 will be excluded from the research, the application or proposal must present an acceptable justification for the exclusion.

In an extramural research plan, the investigator should create a section titled "Participation of persons under the age of 21." This section should provide either a description of the plans to include persons under the age of 21 and a rationale for selecting or excluding a specific age range, or an explanation of the reason(s) for excluding persons under the age of 21 as participants in the research. When persons under the age of 21 are included, the plan must also include a description of the expertise of the investigative team for dealing with individuals at the ages included, the appropriateness of the available facilities to accommodate the included age groups, and the inclusion of a sufficient number of persons under the age of 21 to contribute to a meaningful analysis relative to the purpose of the study. Scientific review groups at CDC will assess each application as being acceptable or unacceptable in regard to the age-appropriate inclusion or exclusion of persons under the age of 21 in the research project, in addition to evaluating the plans for conducting the research in accordance with these provisions.

The inclusion of children (as defined by the applicable law of the jurisdiction in which the research will be conducted) as subjects in research must be in compliance with all applicable subparts of [45 C.F.R. Part 46](#), as well as with other pertinent federal laws and regulations.

The policy of inclusion of persons under the age of 21 in CDC-conducted or CDC-supported research activities in foreign countries (including collaborative activities) is the same as that for research conducted in the United States.

Public Health System Reporting Requirements

This program is subject to the Public Health System Reporting Requirements. Under these requirements, all community-based non-governmental organizations submitting health services applications must prepare and submit the items identified below to the head of the appropriate State and/or local health agency(s) in the program area(s) that may be impacted by the proposed project no later than the application deadline date of the Federal application. The appropriate State and/or local health agency is determined by the applicant. The following information must be provided:

- A. A copy of the face page of the application (SF 424).

- B. A summary of the project that should be titled "Public Health System Impact Statement" (PHSIS), not exceed one page, and include the following:
 1. A description of the population to be served.
 2. A summary of the services to be provided.
 3. A description of the coordination plans with the appropriate state and/or local health agencies.

If the State and/or local health official should desire a copy of the entire application, it may be obtained from the State Single Point of Contact (SPOC) or directly from the applicant.

Paperwork Reduction Act Requirements

Under the Paperwork Reduction Act, projects that involve the collection of information from 10 or more individuals and funded by a grant or a cooperative agreement will be subject to review and approval by the Office of Management and Budget (OMB).

Smoke-Free Workplace Requirements

HHS/CDC strongly encourages all recipients to provide a smoke-free workplace and to promote abstinence from all tobacco products. Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities that receive Federal funds in which education, library, day care, health care, or early childhood development services are provided to children.

Healthy People 2010

The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of "Healthy People 2010," a PHS-led national activity for setting priority areas. This PA is related to one or more of the priority areas. Potential applicants may obtain a copy of "Healthy People 2010" at www.healthypeople.gov

Lobbying Restrictions

Applicants should be aware of restrictions on the use of HHS funds for lobbying of Federal or State legislative bodies. Under the provisions of 31 U.S.C. Section 1352, recipients (and their sub-tier contractors) are prohibited from using appropriated Federal funds (other than profits from a Federal contract) for lobbying congress or any Federal agency in connection with the award of a particular contract, grant, cooperative agreement, or loan. This includes grants/cooperative agreements that, in whole or in part, involve conferences for which Federal funds cannot be used directly

or indirectly to encourage participants to lobby or to instruct participants on how to lobby.

In addition no part of HHS/CDC appropriated funds, shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, radio, television, or video presentation designed to support or defeat legislation pending before the Congress or any State or local legislature, except in presentation to the Congress or any State or local legislature itself. No part of the appropriated funds shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence legislation or appropriations pending before the Congress or any State or local legislature.

Any activity designed to influence action in regard to a particular piece of pending legislation would be considered "lobbying." That is lobbying for or against pending legislation, as well as indirect or "grass roots" lobbying efforts by award recipients that are directed at inducing members of the public to contact their elected representatives at the Federal or State levels to urge support of, or opposition to, pending legislative proposals is prohibited. As a matter of policy, HHS/CDC extends the prohibitions to lobbying with respect to local legislation and local legislative bodies.

The provisions are not intended to prohibit all interaction with the legislative branch, or to prohibit educational efforts pertaining to public health. Clearly there are circumstances when it is advisable and permissible to provide information to the legislative branch in order to foster implementation of prevention strategies to promote public health. However, it would not be permissible to influence, directly or indirectly, a specific piece of pending legislation

It remains permissible to use HHS/CDC funds to engage in activity to enhance prevention; collect and analyze data; publish and disseminate results of research and surveillance data; implement prevention strategies; conduct community outreach services; provide leadership and training, and foster safe and healthful environments.

Recipients of HHS/CDC grants and cooperative agreements need to be careful to prevent CDC funds from being used to influence or promote pending legislation. With respect to conferences, public events, publications, and "grassroots" activities that relate to specific legislation, recipients of HHS/CDC funds should give close attention to isolating and separating the appropriate use of HHS/CDC funds from non-CDC funds. HHS/CDC also cautions recipients of HHS/CDC funds to be careful not to give the appearance that HHS/CDC funds are being used to carry out activities in a manner that is prohibited under Federal law.

Prohibition on Use of HHS/CDC Funds for Certain Gun Control Activities

The Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act specifies that: "None of the funds made available for injury prevention and control at the Centers for Disease Control and Prevention may be used to advocate or promote gun control."

Anti-Lobbying Act requirements prohibit lobbying Congress with appropriated Federal monies. Specifically, this Act prohibits the use of Federal funds for direct or indirect

communications intended or designed to influence a member of Congress with regard to specific Federal legislation. This prohibition includes the funding and assistance of public grassroots campaigns intended or designed to influence members of Congress with regard to specific legislation or appropriation by Congress.

In addition to the restrictions in the Anti-Lobbying Act, HHS/CDC interprets the language in the HHS/CDC's Appropriations Act to mean that HHS/CDC's funds may not be spent on political action or other activities designed to affect the passage of specific Federal, State, or local legislation intended to restrict or control the purchase or use of firearms.

Accounting System Requirements

The services of a certified public accountant licensed by the State Board of Accountancy or the equivalent must be retained throughout the project as a part of the recipient's staff or as a consultant to the recipient's accounting personnel. These services may include the design, implementation, and maintenance of an accounting system that will record receipts and expenditures of Federal funds in accordance with accounting principles, Federal regulations, and terms of the cooperative agreement or grant.

Capability Assessment

It may be necessary to conduct an on-site evaluation of some applicant organization's financial management capabilities prior to or immediately following the award of the grant or cooperative agreement. Independent audit statements from a Certified Public Accountant (CPA) for the preceding two fiscal years may also be required.

Proof of Non-profit Status

Proof of nonprofit status must be submitted by private nonprofit organizations with the application. Any of the following is acceptable evidence of nonprofit status: (a) a reference to the applicant organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code; (b) a copy of a currently valid IRS tax exemption certificate; (c) a statement from a State taxing body, State Attorney General, or other appropriate State Official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals; (d) a certified copy of the organization's certificate of incorporation or similar document that clearly establishes nonprofit status; (e) any of the above proof for a State or national parent organization and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

Small, Minority, And Women-owned Business

It is a national policy to place a fair share of purchases with small, minority and women-owned business firms. The Department of Health and Human Services is strongly committed to the objective of this policy and encourages all recipients of its grants and cooperative agreements to take affirmative steps to ensure such fairness. In particular, recipients should:

1. Place small, minority, women-owned business firms on bidders' mailing lists.
2. Solicit these firms whenever they are potential sources of supplies, equipment, construction, or services.

3. Where feasible, divide total requirements into smaller needs, and set delivery schedules that will encourage participation by these firms.
4. Use the assistance of the Minority Business Development Agency of the Department of Commerce, the Office of Small and Disadvantaged Business Utilization, DHHS, and similar state and local offices.

Research Integrity

The signature of the institution official on the face page of the application submitted under this Funding Opportunity Announcement is certifying compliance with the Department of Health and Human Services (DHHS) regulations in Title 42 Part 93, Subparts A-E, entitled PUBLIC HEALTH SERVICE POLICIES ON RESEARCH MISCONDUCT.

The regulation places requirements on institutions receiving or applying for funds under the PHS Act that are monitored by the DHHS Office of Research Integrity (ORI) (<http://ori.hhs.gov/policies/statutes.shtml>).

For example:

Section 93.301 Institutional assurances. (a) General policy. An institution with PHS supported biomedical or behavioral research, research training or activities related to that research or research training must provide PHS with an assurance of compliance with this part, satisfactory to the Secretary. PHS funding components may authorize [[Page 28389]] funds for biomedical and behavioral research, research training, or activities related to that research or research training only to institutions that have approved assurances and required renewals on file with ORI. (b) Institutional Assurance. The responsible institutional official must assure on behalf of the institution that the institution-- (1) Has written policies and procedures in compliance with this part for inquiring into and investigating allegations of research misconduct; and (2) Complies with its own policies and procedures and the requirements of this part.

Compliance with Executive Order 13279

Faith-based organization are eligible to receive federal financial assistance, and their applications are evaluated in the same manner and using the same criteria as those for non-faith-based organizations in accordance with Executive Order 13279, Equal Protection of the Laws for Faith-Based and Community Organizations. All applicants should, however, be aware of restrictions on the use of direct financial assistance from the Department of Health and Human Services (DHHS) for inherently religious activities. Under the provisions of Title 45, Parts 74, 87, 92 and 96, organizations that receive direct financial assistance from DHHS under any DHHS program may not engage in inherently religious activities, such as worship, religious instruction, or proselytization as a part of the programs or services funded with direct financial assistance from DHHS. If an organization engages in such activities, it must offer them separately, in time or location, from the programs or services funded with direct DHHS assistance, and participation must be voluntary for the beneficiaries of the programs or services funded with such assistance. A religious organization that participates in the DHHS funded programs or services will retain its independence from Federal, State, and local governments, and may continue to carry out its mission, including the definition, practice, and expression of its religious beliefs, provided that it does not use direct financial assistance from DHHS to support inherently religious activities such as those activities described above. A faith-based organization may, however, use space in its facilities to provide programs or services funded with financial assistance from DHHS without removing religious art, icons,

scriptures, or other religious symbols. In addition, a religious organization that receives financial assistance from DHHS retains its authority over its internal governance, and it may retain religious terms in its organization=s name, select its board members on a religious basis, and include religious references in its organization=s mission statements and other governing documents in accordance with all program requirements, statutes, and other applicable requirements governing the conduct of DHHS funded activities. For further guidance on the use of DHHS direct financial assistance see Title 45, Code of Federal Regulations, Part 87, Equal Treatment for Faith-Based Organizations, and visit the internet site: <http://www.whitehouse.gov/government/fbci/>

Health Insurance Portability and Accountability Act Requirements

Recipients of this grant award should note that pursuant to the Standards for Privacy of Individually Identifiable Health Information promulgated under the Health Insurance Portability and Accountability Act (HIPAA) (45 CFR Parts 160 and 164) covered entities may disclose protected health information to public health authorities authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, including, but not limited to, the reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions. The definition of a public health authority includes a person or entity acting under a grant of authority from or contract with such public agency. HHS/CDC considers this project a public health activity consistent with the Standards for Privacy of Individually Identifiable Health Information and HHS/CDC will provide successful recipients a specific grant of public health authority for the purposes of this project.

Release and Sharing of Data

The Data Release Plan is the Grantee's assurance that the dissemination of any and all data collected under the HHS/CDC data sharing agreement will be released as follows:

- a. In a timely manner.
- b. Completely, and as accurately as possible.
- c. To facilitate the broader community.
- d. Developed in accordance with CDC policy on Releasing and Sharing Data.

April 16, 2003, <http://www.cdc.gov/od/foia/policies/sharing.htm>, and in full compliance with the 1996 Health Insurance Portability and Accountability Act (HIPAA), (where applicable), The Office of Management and Budget Circular A110, (2000) revised 2003, [Releasing and Sharing of Data](#) and [Freedom of Information Act](#) (FOIA).

Applications must include a copy of the applicant's Data Release Plan. Applicants should provide HHS/CDC with appropriate documentation on the reliability of the data. Applications submitted without the required Plan may be ineligible for award. Reviewers may consider the data sharing plan but will not factor the plan into the determination of the scientific merit or the impact/priority score. Award will be made when reviewing officials have approved an acceptable Plan. The successful applicant and the Program Manager will determine the documentation format. HHS/CDC recommends data is released in the form closest to micro data and one that will preserve confidentiality.

Conference Disclaimer and Use of Logos

Disclaimer: Where a conference is funded by a grant or cooperative agreement, a sub grant or a contract the recipient must include the following statement on conference materials, including promotional materials, agenda, and internet sites:

"Funding for this conference was made possible [in part] by [insert grant or cooperative agreement award number] from the Centers for Disease Control and Prevention (CDC) or the Agency for Toxic Substances and Disease Registry (ATSDR) . The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government."

Logos: Neither the HHS nor the CDC ("CDC" includes ATSDR) logo may be displayed if such display would cause confusion as to the source of the conference or give the false appearance of Government endorsement. A non-federal entity's unauthorized use of the HHS name or logo is governed by U.S.C. § 1320b-10, which prohibits the misuse of the HHS name and emblem in written communication. The appropriate use of the HHS logo is subject to the review and approval of the Office of the Assistant Secretary for Public Affairs (OASPA). Moreover, the Office of the Inspector General has authority to impose civil monetary penalties for violations (42 C.F.R. Part 1003). Neither the HHS nor the CDC logo can be used on conference materials under a grant, cooperative agreement, contract or co-sponsorship agreement without the expressed, written consent of either the Project Officer or the Grants Management Officer. It is the responsibility of the grantee (or recipient of funds under a cooperative agreement) to request consent for the use of the logo in sufficient detail to assure a complete depiction and disclosure of all uses of the Government logos, and to assure that in all cases of the use of Government logos, the written consent of either the Project Officer or the Grants Management Officer has been received.