

approaches for preventing and controlling death and disability due to injuries.

C. Eligible Applicants

Assistance will be provided only to the health departments of states or their bona fide agents, including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, the Republic of Palau, and the federally recognized Indian tribal governments. In consultation with states, assistance may be provided to political subdivisions of states. States funded under Program Announcement 02059—Cooperative Agreement for Development of National Violent Death Reporting System (Maryland, Massachusetts, New Jersey, Oregon, South Carolina and Virginia) are not eligible to apply.

The ability to obtain population-based information from core data sets is crucial for the successful development of the NVDRS. Eligible applicants must document, through letters of support and memorandums of agreement/understanding (MOA/MOU), access to information on individual, identifiable decedents from all of the following data sources:

1. Death certificates.
2. Medical examiner and/or coroner records.
3. Police records (Supplemental Homicide Reports at a minimum).
4. Crime laboratory records.

The letters of support must come from the agency authorized to grant access to the specific required data. Each letter must note the most recent year for which data is available to the health department, and note that a MOA/MOU is in place between the applicant and the data agency. The MOA/MOU must provide the applicant access to data while specifying any limitations regarding data use. A copy of the MOA/MOU must accompany each letter of support to confirm access.

Applicants from states that do not have centralized, statewide medical examiner/coroner, or police records must obtain letters of support from the agencies with authority over the four required data sources in three cities or counties within the state, and MOA/MOUs from at least three of the four agencies in each city or county.

Applications that fail to submit all evidence listed above will be considered non responsive and will be returned without review.

Applications will be classified into two categories, "New" and

"Experienced." States with funding from an external source (other than state funds) for any form of violent death reporting or surveillance occurring among adults, defined as 18 years of age or older, will be considered "Experienced." States with surveillance projects (state or local) funding, such as the Harvard Injury Control Research Center's National Violent Injury Statistics System (NVISS) will be considered "Experienced." States without any such external funding will be considered as "New" systems. Funds awarded for this program cannot be used to supplant (replace) existing activity funds.

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.

D. Funding

Availability of Funds

Approximately \$2,250,000 is available in FY 2003 to fund approximately eight awards. It is expected that the average award will be \$240,000, ranging from \$150,000 to \$220,000 for states with up to 800 cases of violent death in calendar year 2001 and from \$220,000 to \$320,000 for states with greater than 800 cases of violent death in 2001. At least one applicant will be funded in each funding range.

"New" and "Experienced" system applications will be evaluated separately; at least one new applicant and one experienced applicant will be funded. It is expected that the awards will begin on or about September 1, 2003 and will be made for a 12-month budget period within a project period of up to five years. Funding estimates may change.

Continuation awards within an approved project period will be made on the basis of satisfactory progress, as evidenced by required reports, and the availability of funds.

Recipient Financial Participation

Matching funds are not required for this program.

E. Program Requirements

In conducting activities to achieve the purpose of this program, the recipient will be responsible for the activities under 1A. or 1B., Recipient Activities, and CDC will be responsible for the activities under 2. CDC Activities.

Recipient Activities

1A. For New Violent Death Reporting Systems

a. Establish an advisory committee that will help in the development of the state violent death reporting system. Membership should include representatives from agencies that control medical examiner/coroner records, death certificates, police records, and crime laboratory data.

b. Establish routine access to uniquely identifiable case information from each of the four critical data sources for deaths occurring on or after 1/01/2004.

c. Use case definition and uniform data elements developed under Program Announcement 02059.

d. Obtain and code data from all core data sources for all cases identified. The means for obtaining data may be conducted by abstraction from the required data sources, electronic transfer or other method(s).

e. Develop procedures to combine information from the data sources. Maintain a unique case ID number.

f. Establish (1) a centralized location for maintaining a secure data storage system that allows for ready access to and retrieval of your collected data and (2) an off-site, backup storage system for all your data.

g. Transmit data free of personal identifiers electronically to CDC using software provided by the CDC. Office of Management and Budget (OMB) clearance for this data collection is pending.

h. Develop a quality assurance program that includes a systematic review of the accuracy, completeness and timeliness of the data collection process. This should include reabstraction of a sample of cases where applicable, and monitoring of time intervals from death to case completion, as well as routine checks to identify duplicate cases.

i. Evaluate the surveillance system annually using standard guidelines. These include: simplicity, flexibility, data quality, acceptability, sensitivity, predictive value positive, representativeness, timeliness, and stability. (See Morbidity and Mortality Weekly Report (MMWR) Recommendations and Reports, "Updated guidelines for evaluating public health surveillance systems," RR-13, vol. 50, 07/27/2001, found at: <http://www.cdc.gov/mmwr/PDF/RR/RR5013.pdf>.)

j. Prepare standard reports with aggregated data and distribute them widely.

k. Share information learned from project through presentations, peer-reviewed publications and media events.

l. Participate in a collaborative effort coordinated by the CDC to establish a