

Dated: May 13, 2003.

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[FR Doc. 03-12396 Filed 5-16-03; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 03077]

Community-Based Interventions To Reduce Motor Vehicle-Related Injuries; Notice of Availability of Funds

Application Deadline: July 3, 2003.

A. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under sections 317, and 301 of the Public Health Service Act (42 U.S.C. 247b and 241). The Catalog of Federal Domestic Assistance number is 93.136.

B. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2003 funds for a cooperative agreement study to tailor, implement, and evaluate community-based interventions with demonstrated effectiveness to reduce motor vehicle-related injuries.

This study addresses the "Healthy People 2010" focus area of Injury and Violence Prevention.

"Healthy People 2010: Health Objectives for the Nation" has set an objective of reducing motor vehicle-related fatalities to no more than 9.2 per 100,000 persons from a baseline of 15.6 per 100,000 persons in 1998. To meet this objective, the nation must improve the safety of motor vehicle travel, community-by-community, state-by-state. Deterrence of alcohol-impaired driving and increasing the proper use of occupant restraints are among the most important measures to further reduce motor vehicle-related injuries and deaths.

The purpose of the study is to tailor, implement, and evaluate community-based interventions with demonstrated effectiveness for preventing motor vehicle-related injuries within the following areas: (1) Reduce alcohol-impaired driving among high risk groups; (2) increase safety belt use among low-use groups; and (3) increase the use of child safety seats, with an emphasis on booster seats.

In addition, the study should gather information on the process of tailoring

and implementing evidence-based community interventions such as defining how the interventions were tailored, barriers to implementation, and how the various evaluation activities were undertaken.

This study will require the formation of coalitions of public health departments, transportation and traffic safety agencies, Governors' highway safety representatives, law enforcement, and academic evaluation experts. These coalitions will work with community leaders, groups, and organizations (e.g., policy makers, safety advocates, schools, youth organizations, local media, health care providers, and social service agencies) to tailor, implement, and evaluate at least two selected community-based interventions.

Measurable outcomes of the study will be in alignment with the following research priorities in transportation safety from the National Center for Injury Prevention and Control (NCIPC) Research Agenda: (1) Evaluate strategies to implement and disseminate known, effective interventions to reduce alcohol-impaired driving and test the effectiveness of new, innovative strategies; (2) develop and evaluate interventions that address the proper and consistent use of measures to protect child occupants in motor vehicles; (3) develop methodologies for and evaluate the effectiveness of various means to translate transportation safety research findings into public policy. The study is expected to widely disseminate the outcomes through traditional mechanisms, such as professional and peer-reviewed journal publications.

C. Eligible Applicants

Applications may be submitted by state or local health departments or their bona fide agents, including the District of Columbia, Commonwealth of Puerto Rico, Virgin Islands, Commonwealth of the Northern Mariana Islands, American Samoa, Guam, Federated States of Micronesia, Republic of the Marshall Islands, and Republic of Palau.

Other required eligibility criteria include the following:

1. The applicant should provide evidence that there is an unmet need in their community for these interventions. The intent of the study is not to support existing activities. This can be done by describing the target groups for the selected interventions and documenting the size of the problem in these groups.

2. The applicant should provide evidence of effective and well-defined collaborative relationships within the performing organization and among the coalition members that will ensure

implementation of the proposed activities. At a minimum, the coalition must include the recipient state or local health department, a state or local highway safety department representative, the state Governor's highway safety representative or designee, local law enforcement, and a university-based evaluation expert. Documentation, such as letters of collaboration, describing the specific commitments and responsibilities that will be undertaken by the coalition members and community organizations must be included.

3. The applicant and its collaborative team should provide evidence of prior experience in tailoring, implementing, and evaluating community-based interventions. This experience must be documented by including publications such as those from peer-reviewed journal articles or technical reports in the appendix of the application.

4. The recipient should provide evidence of access to target populations and experience with accessing community leaders and community-level groups.

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 \$450,000 is available in FY 2003 to fund approximately 2 awards. It is expected that the average award will be \$225,000, ranging from \$200,000 to \$250,000. It is expected that the awards will begin on or about September 15, 2003, and will be made for a 12-month budget period within a project period of up to four 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.

Funding Preferences

Applicants will be expected to implement and evaluate at least two community-based interventions with demonstrated effectiveness during the four-year project period. Preference will be given to applicants who propose implementing at least one community-based intervention from the following list of interventions that have strong evidence of effectiveness according to the "The Guide to Community Preventive Services". (See www.thecommunityguide.org or