

Attachment 1. All Attachments referenced in this announcement are posted with the announcement on the CDC Web site.):

a. Sobriety checkpoints to reduce alcohol-impaired driving. Key components of the intervention: officer training in appropriate practices; implement or increase the frequency of sobriety checkpoints (or roving patrols if checkpoints are not feasible); develop a strategy for publicizing checkpoints through earned media (e.g., news stories) and/or paid media.

b. Enhanced enforcement campaigns to increase safety belt and child safety seat use. Key components of the intervention: Implement or increase the frequency of citations for violations of the law, safety belt and/or child safety seat checkpoints (or roving patrols if checkpoints are not feasible); develop a strategy for publicizing the enhanced enforcement efforts through earned media (e.g., news stories) and/or paid media.

c. Efforts to increase possession and use of child safety seats and booster seats. Key components of the intervention: Distribution of child safety seats and/or booster seats among low use groups; education on appropriate use.

Key components of the chosen interventions must be included in implementation.

Applicants may choose to implement one or more interventions with demonstrated effectiveness to reduce motor vehicle-related injuries that are not on the above list. Applicants who select interventions that are not included in the list above, but have been systematically reviewed in the peer-reviewed literature, must cite the review and summarize its findings in the application.

#### E. Program Requirements

In conducting activities to achieve the purpose of this program, the recipient will be responsible for the activities listed in 1. Recipient Activities, and CDC will be responsible for the activities listed in 2. CDC Activities.

##### 1. Recipient Activities

a. Establish the coalition that will help tailor, implement, and evaluate the selected interventions. 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 an evaluation expert or academic researcher who has published in the peer-review literature.

b. Collect or obtain and analyze baseline measures that will guide the planning process and serve as the pre-intervention measures of effectiveness (e.g., alcohol-related crashes, safety belt use, booster seat use).

c. If the recipient proposes to implement enhanced enforcement campaigns to increase safety belt use or to strengthen child safety seat laws or booster seat laws, the recipient must first determine baseline use rates for safety belts, child safety seats, and booster seats using, at a minimum, a comparison of observed use rates determined from observational surveys in the intervention and control communities before and after implementation of the intervention activities.

d. If the recipient proposes to implement sobriety checkpoints to reduce alcohol-impaired driving, the recipient must first determine rates of alcohol-impaired driving using appropriate survey methods before and after implementation of the intervention. Direct assessment of driver blood alcohol content levels in roadside surveys is the preferred method. However, an acceptable method for baseline measurement would be the number of pre- and post-intervention nighttime single vehicle crashes.

e. Develop a detailed plan for the tailoring of the intervention for their community, for implementation, and for evaluation of the selected evidence-based interventions to reduce motor vehicle-related injuries. Obtain approval for the plan from each coalition member and the CDC.

f. Implement and evaluate the selected interventions. Sufficient resources should be allocated for a rigorous evaluation.

g. Attend and participate in technical assistance, planning, and project briefing meetings coordinated by the CDC. (Travel to CDC for one meeting per year.)

h. Submit required reports on time.

Activities should be specifically tailored to stimulate community ownership and investment in sustaining the intervention, if effective, beyond the funding period. Collaboration with ongoing activities such as "Safe Communities" and existing coalitions such as "SAFE KIDS" is encouraged.

The first year of the study will include several activities: Establishing the coalition; evaluating the perceptions of stakeholders regarding barriers to implementation and perceived benefits of the intervention; collecting and analyzing baseline information (e.g., alcohol-related crashes, DUI arrests, safety belt use), and developing a

detailed plan for implementing and evaluating two or more interventions.

At the end of Year I, noncompetitive continuation funding will be available for Year II, contingent upon successful progress in Year I and a detailed budget for implementing and evaluating the selected interventions. Years two through four will be dedicated to implementing, sustaining, and evaluating the selected interventions. The evaluation should include systematic and detailed process data regarding any unanticipated barriers that were encountered in implementing the interventions.

##### 2. CDC Activities

a. Provide technical assistance and guidance in the tailoring, implementation, and evaluation of the selected interventions.

b. Review plans for the tailoring, implementation, and evaluation of the selected interventions.

c. Assist in ensuring human subjects assurances are in place as needed.

d. Assist in analysis and dissemination of results including the preparation of manuscripts.

e. Facilitate technical assistance and planning meetings and briefings to CDC.

#### F. Content

##### Letter of Intent (LOI)

A LOI is required for this program. The narrative should be no more than two single-spaced pages, printed on one side, with one-inch margins, and unreduced 12-point font. The letter should identify the announcement number, the name of the principal investigator, and briefly describe the scope and intent of the proposed study. The letter of intent does not influence review or funding decisions, but the number of letters received will enable CDC to plan the review more effectively and efficiently.

##### Application

The Program Announcement title and number must appear in the application. Use the information in the Program Requirements and Evaluation Criteria sections to develop the application content. Your application will be evaluated on the criteria listed, so it is important to follow them in laying out your program plan. The narrative portion of the application must not exceed 25 pages.

Applications should follow the PHS-5161 application and should include the following information:

1. The project's focus justifying the intervention needs and describing the scientific basis for the program, the