

the recipients of these services. This proposed collection, represents a revision of the SPR. This revision was undertaken for the following purposes: (1) The need to develop more permanent information requirements for the National Family Caregiver Support Program (enacted in 2000); (2) the need to comply with revised OMB standards for gathering information regarding race and ethnicity; and (3) the need to reduce the burden of the SPR/NAPIS requirements on States, area agencies and service providers.

AoA estimates the burden of this collection of information as follows: 2,606 hours.

Dated: May 27, 2003.

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Assistant Secretary for Aging.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 03106]

Development and Validation of Measures To Assess Outcomes of Mild Traumatic Brain Injury; Notice of Availability of Funds

Application Deadline: July 2, 2003.

A. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under sections 391, 317(k)(2), and 301(a) of the Public Health Service Act, (42 U.S.C. sections 280b, 247b(k)(2), and 241(a)). 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 for the development and validation of measures to assess outcomes of mild traumatic brain injury (MTBI). This program addresses the "Healthy People 2010" focus area, Injury and Violence Prevention.

The purpose of this program is to fund research to develop reliable and valid measures for assessing longer-term outcomes of mild traumatic injury. These measures should be applicable to future population-based studies of outcomes of MTBI to estimate the prevalence of MTBI-related disability (See Attachment 2 of the announcement as posted on the CDC Web site).

Measurable outcomes of this research study will be in alignment with the following performance goal for the National Center for Injury Prevention and Control (NCIPC), described as a priority in the NCIPC Research Agenda: To monitor and detect fatal and non-fatal injuries.

C. Eligible Applicants

Applications may be submitted by: Public nonprofit organizations, private nonprofit organizations, universities, colleges, technical schools, research institutions, hospitals, managed care organizations, community-based organizations, faith-based organizations, federally recognized Indian tribal governments, Indian tribes, Indian tribal organizations, State and local governments or their bona fide agents (this includes the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.)

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 \$500,000 is available in FY 2003 to fund one award. It is expected that the award 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. The funding estimate 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.

Use of Funds

Funds awarded may not be used to supplant funds available from other sources to the recipient to conduct similar activities. Funds are not to be used for construction purposes, the rental of office space, or for the purchase or rental of furniture. Eligible applicants may enter into contracts including consortia agreements as necessary to meet the requirements of the program and strengthen the overall application.

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 listed in 1. Recipient Activities, and CDC will be responsible for the activities listed in 2. CDC Activities.

1. Recipient Activities

a. With assistance from the CDC, prepare a detailed research protocol for Institutional Review Board (IRB) approval by all cooperating institutions participating in the study. The protocol shall include but is not limited to the following: Detailed description of methods for selecting the study sample, recruitment and enrollment methods, the informed consent process and consent forms, study instruments including questionnaires if applicable, methods for data handling and storage including methods for ensuring participant confidentiality, data analysis, and plans for data dissemination.

b. Develop a detailed operations manual and other manuals documenting study methods.

c. Train study personnel.

d. Recruit and enroll study participants.

e. Collect and enter the data.

f. Analyze and interpret the data.

g. Report study findings, including in peer-reviewed publication(s).

2. CDC Activities

a. Assist in effective study planning and management.

b. CDC will provide critical guidance related to the study design, including the case definition for mild traumatic brain injury and selection of the study population.

c. Assist in the development of a research protocol for Institutional Review Board (IRB) review by all cooperating institutions participating in the research. The CDC IRB will review and approve the protocol initially and on at least an annual basis until the research project is completed.

d. CDC will provide guidance about protocol format and content as well as scientific and human subjects considerations.

e. CDC staff will collaborate in the analysis of data.

f. CDC will collaborate in the reporting of findings by participating as co-authors in the preparation of peer-reviewed publications.

g. CDC staff will convene routine conference calls with the recipient and