

the funding should include a balance between intimate partner/domestic violence and sexual violence. For youth violence, the funding should support wide spread dissemination of evidence-based strategies and should include but not be limited to a satellite broadcast showcasing such strategies. For suicide prevention the funding should support community based capacity building including, at a minimum, a training effort related to working with the media or developing communications campaigns.

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. In addition, the recipient must integrate the initial focus areas identified in the program purpose. For year 01 these include youth violence, violence against women and suicide prevention.

1. Recipient Activities (a Thru l)

The recipient, in collaboration with CDC, will be responsible for the development and subsequent implementation of a comprehensive training program for violence prevention practitioners at the state, local and community level. The recipient activities are designated as core and topic specific

Core Recipient Activities (a thru g)

(a) Establish a Steering Committee

Establish a steering committee comprised of national, state and local experts, leaders and CDC-funded grantees. Committee members should represent multiple disciplines including public health, social work, psychology, anthropology and behavioral sciences. Examples of steering committee members may include practitioners, researchers, faculty, clinicians and advocates. The role of the committee will be to: (1) Provide expertise in the needs of the field and how the various training modules can be responsive to those needs, (2) recommend experts in the areas of violence prevention and experts in public health and other disciplines that work to prevent violence for additional consultation in the development of the various training modules, (3) help identify training tools, resources, and materials that could be useful to this effort and (4) ensure that the training program is practical,

relevant and considerate of the needs and resources in the field.

(b) Provide a Training Facility

Provide a handicapped-accessible facility for any onsite training. The meeting facility should be near adequate housing, dining, and recreation for the participants. The site chosen should enhance the interactive nature of the training experience.

(c) Provide Support for Training Program

Provide logistical and administrative support for the training program.

(d) Conduct Trainings

Conduct the trainings. The initial training module must be developed within the first six months and conducted within the first nine months of the Year-1 budget period.

(e) Provide Additional Consultation

After each training, provide additional consultation to participants, as well as other CDC-funded grantees on public health principles such as: evidence-based program planning and development (*i.e.*, using data to drive program decisions); the ecological framework or other multi-level approaches to prevention; designing programs with a focus on primary prevention; population-based strategies; program evaluation; and the feedback process from practice to research (*i.e.*, using findings "from the field" to shape future research activities). Consultations may take various forms including, but not limited to: In-person, telephone or Internet/e-mail based consultations and the dissemination of written tools that supplement the content of training modules.

(f) Develop and Disseminate Tools

Develop and disseminate written tools and other usable products such as CD-ROMS or web-based tools to support the implementation of new knowledge and skills taught through the training modules. Methods for disseminating information and resources may include but are not limited to listservs, newsletters and web-based broadcasts.

(g) Provide Feedback to CDC

Provide feedback to CDC after each training module regarding (1) the needs and challenges expressed by the participants and (2) successes and lessons learned in developing, implementing and evaluating the training. The participants' needs and challenges should become apparent to the recipient as they interact with participants in the plan, implementation

and evaluation of training modules, as well as during additional follow-up activities. The information gathered will enable CDC to promote research and programmatic activities that are more responsive to the field of practitioners.

Topic Specific Recipient Activities (h Thru l)

(h) Develop a Training Plan

In collaboration with the steering committee and CDC, the recipient will develop and refine the plan for the training program specific to the specified topic areas. The recipient, steering committee and CDC should reach agreement on the topics for the various training modules.

(i) Identify Training Faculty

Identify appropriate faculty for each topic specific training module. Potential faculty could include individuals from the private sector, professional and voluntary organizations, academic institutions, and governmental agencies. The list of potential faculty should have proven training and content expertise in prevention strategies or specific violence prevention expertise. Additionally, faculty should have experience providing trainings to practitioners in the field. The faculty should be available to confer with the participants for specified periods of time as the trainings occur, as well as offer additional consultation to participants after the trainings and other CDC-funded grantees.

(j) Develop Curriculum and Delivery Modes

Develop a curriculum in consultation with training faculty as well as CDC and the steering committee. Each training module should include: The proposed agenda, training materials, the mode of delivery, and written tools supporting implementation after the training is complete. Modes of delivering trainings may include but are not limited to half-day to week-long workshops, seminars at conferences and Internet, satellite or audio conference-based series. Trainings should be in-depth, participatory and skill building opportunities with a combination of didactic and interactive exercises. Each module should be applicable to specific violence prevention topics, while still adhering to core principles of public health. In year one, the recipient should offer a satellite broadcast to community-based youth violence prevention practitioners.

(k) Select Training Participants

In collaboration with CDC, develop a process or criteria by which training participants are invited to take part in