

a coordination role among award recipients, to assure successful collaborative activities.

This cooperative agreement will facilitate the development of relationships that are critical to acute care, trauma, EMS services, and public health in responding effectively to mass trauma events resulting from terrorism.

Measurable outcomes of the program will be in alignment with one or more of the following performance goals for the National Center for Injury Prevention and Control (NCIPC):

- Increase the capacity of injury prevention and control programs to address the prevention of injuries and violence.
- Monitor and detect fatal and non-fatal injuries.
- Conduct a targeted program of research to reduce injury-related death and disability.

C. Eligible Applicants

Assistance will be provided to national non-profit and for profit professional organizations, with at least 25 members, that address either acute care, trauma, or EMS.

Since the ultimate purpose of this program is to develop the capacity of local public health programs to respond effectively to terrorism and mass trauma events, assistance is being provided to those organizations (acute care, trauma or EMS) best equipped to develop that capacity.

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 \$650,000 is available in FY 2003 to fund approximately three to six awards. It is expected that the average award will be \$75,000, ranging from \$60,000 to \$125,000 under Part 1. Applications with budgets exceeding the maximum range of \$125,000 will not be considered. Applicants under Part 2 of this announcement are eligible for an additional award, approximately \$50–\$75,000, to conduct coordination activities as described in “Recipient Activities—Part 2” below. **Note:** Applicants for Part 2 funding must apply for and be approved for funding under Part 1 of this announcement.

It is expected that the awards will begin on or about September 15, 2003, and will be available for continuation after a 12-month budget period, for a maximum three-year project period. Funding estimates may change.

Use of Funds

Grant funds will not be made available to support the provision of direct care. 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 under 1. Recipient Activities, and CDC will be responsible for the activities listed under 2. CDC Activities.

1. Recipient Activities:

Part 1

a. Develop and implement a plan that will build relationships with state and local public health programs. Possible activities include:

(1) Organizing meetings of stakeholders to define and promote ways acute care providers can improve collaboration and/or communication with state and local public health programs in preparing for or responding to terrorism. This could be done at a national, state or local level and should result in information, in the form of white papers, publications, conference or meeting proceedings or summaries, and other communication products that can be disseminated and used by others in the acute care and public health communities to improve collaboration and communication for terrorism preparedness and response.

(2) Constructing a mechanism to assess the needs, barriers or gaps to linking with other member organizations as well as with state and local public health, and disseminating this information to members and potential public health partners.

(3) Developing linkages that result in increased information sharing by identifying (a) existing database, information; and communication systems that should be linked; (b) partners to create those linkages; (c) current barriers to implementing those linkages; and (d) possible solutions to overcome those barriers. Document and disseminate the outcome of this effort.

(4) Compiling and disseminating examples of successful collaborations between acute care organizations and public health for terrorism preparedness and response, particularly at the state and community levels. Examples should provide detailed information on the

collaboration and on the methods used to achieve them and should illustrate approaches that might have broad applicability.

(5) Organizing national, state, or regional forums that bring together leadership of the acute care community and public health to bring visibility to the need for collaboration and to encourage discussion of possible collaborative approaches. Disseminate the outcomes of these meetings.

(6) Organize sessions at national meetings to highlight the importance of linkages between acute care providers and state and local public health practitioners. Disseminate the outcome of these sessions to members.

(7) Describe and disseminate descriptions of “best practices” or other successes that involve linkages between acute care and other organizations to address gaps in preparedness. These gaps must be significant impediments to a successful public health response to terrorism. An example of such a gap is the need for surge capacity in acute care facilities.

b. Identify organizational representatives to collaborate with CDC to gather and disseminate policies, guidelines and general information about terrorism and emergency response to local health officials and other partners, such as the National Association of City and County Health Officials (NACCHO) and the Association of State and Territorial Health Officials (ASTHO) in a timely manner.

c. Collaborate with CDC to (1) provide perspectives on policy formulation; and (2) communicate rapidly with, and obtain and share feedback from, members of the grantee’s national professional organization.

d. Work with the coordinating center funded under Part 2 below, including participating in conference calls, meetings, and other joint activities.

Part 2

In addition to the activities above, Part 2 recipients will also be responsible for the following activities:

e. Develop a plan of outreach and coordination to facilitate linkages between acute care, trauma, and EMS organizations and state and local public health programs. This may include meetings at the national, state, or local levels.

f. Conduct periodic formal or informal information gathering activities with these organizations and state and local public health programs regarding the status of their linkages with state and local public health programs, obstacles to building of relationships, and opportunities for collaboration.