

field experience and demonstrated capacity in areas directly related to all principal objectives of this proposed program: (1) Identification of cases of plague through clinic-based surveillance in areas with a high incidence of plague; (2) systematically evaluate optimal treatment regimens while ensuring patient safety; (3) evaluate the performance of newly available rapid tests for the diagnosis of plague under field conditions, and (4) confirm the diagnosis of suspected plague using state of the art laboratory techniques.

- UVRI has a history of successful collaborations with CDC on large and complicated health research projects, particularly in the areas of HIV/AIDS and vector-borne infectious diseases over the years.

C. Funding

Approximately \$150,000 is available in FY 2003 to fund this award. It is expected that the award will begin on or before August 1, and will be made for a 12-month budget period within a project period of up to five years. Funding estimates may change.

D. Where To Obtain Additional Information

For general comments or questions about this announcement, contact: Technical Information Management, CDC Procurement and Grants Office, 2920 Brandywine Road, Atlanta, GA 30341-4146, Telephone: 770-488-2700.

For technical questions about this program, contact: Jacob Kool, MD, Ph.D., Division of Vector-Borne Infectious Diseases, National Center for Infectious Diseases, Centers for Disease Control and Prevention, Rampart Road (Foothills Campus), Fort Collins, CO 80521, Telephone: 970-266-3540, E-mail: jkool@cdc.gov.

Dated: July 11, 2003.

Edward Schultz,

Acting Director, Procurement and Grants Office, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 04015]

Effective Strategies to Reduce Motor Vehicle Injuries Among American Indians/Alaska Natives; Notice of Availability of Funds

Application Deadline: October 16, 2003.

A. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under 391, 317 and 301 of the Public Health Service Act [42 U.S.C. 280b, 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) 2004 funds for a cooperative agreement program to develop, implement, and evaluate community-based interventions with demonstrated effectiveness to reduce motor vehicle-related injuries among American Indians and Alaska Natives (also referred to as Native Americans). This program addresses the "Healthy People 2010" focus area of Injury and Violence Prevention.

The purpose of the program is to design/tailor, implement, and evaluate Native American community-based interventions with demonstrated effectiveness for preventing motor vehicle injuries within the following areas: (1) Strategies to reduce alcohol-impaired driving among high risk groups; (2) strategies to increase safety belt use among low-use groups; and (3) strategies to increase the use of child safety seats and booster seats among low use groups. (see Attachment 1 for additional background)

In addition, the program should gather information on the process of implementing and evaluating these strategies, including any challenges and barriers for tribes. An overriding intent of this funding is to assist tribes in designing/tailoring (as well as implementing and evaluating) these evidence-based effective strategies in programs, which take into consideration the unique culture of American Indians and Alaska Natives.

Note: Attachments are posted with the Program Announcement at the CDC web site, Internet address: <http://www.cdc.gov>. Click on "Funding," then "Grants and Cooperative Agreements".

This project will fund the formation of coalitions of tribal health departments, tribal injury prevention programs, law enforcement, and tribal transportation and traffic safety agencies. These coalitions will work with other community groups, organizations, state agencies, and the Indian Health Service (IHS) to design/tailor, implement, and evaluate at least two selected interventions. Collaborations may include schools, youth organizations, safety advocates, local media, health care providers, academic researchers, IHS staff, state traffic safety agencies and social service agencies, among others.

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): (1) Increase the capacity of injury prevention and control programs to address the prevention of injuries and violence; and (2) monitor and detect fatal and non-fatal injuries. In addition applicants should address the following research priorities in transportation safety from the NCIPC Research Agenda: (1) Evaluate strategies to implement 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; and (3) develop and evaluate interventions to increase the use of occupant protection devices, such as seat belts, in high-risk and hard-to-reach populations.

The CDC report, "Motor-Vehicle Occupant Injury: Strategies for increasing use of child safety seats, increasing use of safety belts, and reducing alcohol-impaired driving: a report on recommendations of the Task Force on Community Preventive Services," may be useful in understanding these effective strategies and in preparing applications. The report can be found on the CDC Web site at: www.cdc.gov/mmwr/pdf/rr/5007.

C. Eligible Applicants

Any federally recognized American Indian/Alaska Native tribe or tribal organization is eligible to apply for these cooperative agreements. Applicants may include tribal injury prevention programs, tribal health departments, groups of tribes, and others. Tribes and tribal organizations must have a minimum population size of 2,500 people, or serve 2,500 American Indian or Alaska Native people in order to be eligible to apply.