

The 2,500 minimum population size is needed in order to be able to demonstrate effectiveness of the program. A signed and dated tribal council resolution in support of the tribal motor vehicle injury prevention program is required. For the Navajo Nation, where getting a tribal resolution signed is often difficult, signed resolutions from a local governing body, such as a Chapter House, will be acceptable for the intent to participate. Those tribes that cannot get a resolution signed in time to meet the deadline should submit a draft of the resolution in the appendix. A signed resolution from the tribe will be required prior to award if selected.

American Indians/Alaska Natives have the highest motor vehicle-related death rates of all racial and ethnic groups (Web-based Injury Statistics Query and Reporting System (WISQARS, NCIPC, CDC)), with rates two-three times greater than rates for all other Americans (Indian Health Focus, Injuries 1998–99; Indian Health Service, 2002). These funds are targeted to American Indians/Alaska Natives in order to help reduce this disparity.

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 \$186,000 is available in FY 2004 to fund three awards. It is expected that the average award will be about \$62,000. It is expected that the awards will begin on or about January 2004, and will be made for a 12-month budget period within a project period of up to four years. Funding estimates 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

The intent of this funding is not to support existing activities. The recipient should provide evidence that there is an unmet need in their community for these interventions. This can be done by describing the target groups for the selected interventions and documenting the size of the problem. Examples of approved funding uses include police overtime pay for sobriety checkpoints and enhanced enforcement, media and awareness activities, evaluation

consultants, salary for a project coordinator, etc.

Recipient Financial Participation

Matching funds are not required for this program.

Funding Preferences

Applicants will be expected to implement and evaluate at least two community-based interventions with demonstrated effectiveness during the four-year project period. Preference will be given to applicants who propose implementing one or more community-based interventions from the list below. This list contains interventions that have strong evidence of effectiveness according to "The Guide to Community Preventive Services" (www.thecommunityguide.org) (see Attachment 2). If applicants propose strategies that are not on the list below, then they must summarize and cite the evidence of effectiveness (see Attachment 2):

1. 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 media such as news stories and/or paid media.

2. Efforts to lower blood alcohol concentrations among drivers (e.g., .08 blood alcohol content (BAC) or below). Key components: Publicize the BAC limit and work with tribal (or Bureau of Indian Affairs) police to communicate the importance of the law and ensure active enforcement.

3. Efforts to enforce lower blood alcohol content (e.g., .02 BAC) for young drivers. Key components: Publicize the BAC limit, importance of a low BAC for young drivers to prevent crashes, and enforcement efforts in local media; work with tribal (or Bureau of Indian Affairs) police to actively enforce the law.

4. Efforts to enforce existing safety belt and child occupant restraint laws. Key components: Work with local police to understand the importance of enforcing the use of occupant restraints, and the effectiveness of safety belts and child restraints in preventing injuries during a crash.

5. Enhanced enforcement campaigns (such as Click It or Ticket-style campaigns) to increase safety belt use or child occupant restraint use. Key components of the intervention include: implement or increase the frequency of citations for violations of the law; implement or increase safety belt or child occupant restraint 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.

6. Distribution and education programs to increase child safety seat and booster seat use. Key components of the intervention include: distribution of child safety seats and/or booster seats among low use groups, and education on appropriate use.

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. Develop a motor vehicle injury prevention program in the recipient's tribal health department to enhance opportunities for the motor vehicle injury prevention program to collaborate with other tribal public health programs. If this is not practical, then state the reason why the tribal motor vehicle program will not be located in the health department.

- b. Provide a coordinator who has the authority, responsibility, and expertise to conduct and manage the tribal motor vehicle injury prevention program.

- c. Establish the coalition or advisory group that will help tailor, implement, and evaluate the selected interventions. This group may consist of public and private individuals, medical staff, Emergency Management Service staff, injury prevention experts, academic researchers, organizations, State and Federal agencies. At a minimum, the coalition must include the recipient tribal health department or organization, local highway safety department representative, local law enforcement, IHS Injury Prevention Specialists (state reason if not available), and others interested in traffic safety. Applicants are encouraged to work with existing programs, such as "Safe Communities," or with coalitions such as "SAFE KIDS."

- d. At least one of the intervention choices should include working with local police departments to conduct enforcement activities regarding occupant restraint use, or alcohol-impaired driving.

- e. Collect or obtain and analyze baseline data that will guide the planning process and serve as the pre-intervention measures of effectiveness (e.g., number of alcohol-related crashes; number of impaired driving arrests and convictions; conduct observational