

1. A principal investigator who has specific authority and responsibility to carry out the proposed project.

2. Effective and well-defined working relationships within the performing organization and with outside entities, which will ensure implementation of the proposed activities.

3. The ability to carry out injury control research projects as defined under Attachment 2 (1. a-c) as posted on the CDC website.

4. The overall match between the applicant's proposed theme and research objectives and the program priorities as described under the heading, "Program Requirements".

5. Mentorship as noted in the letter of support and commitment of mentor's time.

D. Funding

Availability of Funds

Approximately \$400,000 is available in FY 2003 to fund approximately four awards. It is expected that the award will begin on or about September 1, 2003, and will be made for a 12-month project period. Grants will be awarded for 12 months, but may be extended without additional funds for up to a total of 24 months. The maximum funding level for each project will not exceed \$100,000 (direct and indirect costs) per year. Funding estimates may change.

Applications that exceed the funding caps noted above will be excluded from the competition and returned to the applicant. The availability of federal funding may vary and is subject to change.

Note: 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.

Use of Funds

The use of funds for applicant include, partial salary and tuition support; direct research project expenses, such as trainee stipends, interviewer costs, data processing, participant incentives, statistical consultation services, and supplies; and travel to one scientific meeting, if adequately justified. Applicants should also include travel costs for one, two-day trip to CDC in Atlanta to present research findings. Funds for tuition support are limited to no more than 20 percent of the overall award and their use must be generally related to the content and methods of the proposed research. Indirect cost for these trainee-

related activities are limited to eight percent.

Recipient Financial Participation

Matching funds are not required for this program.

E. Program Requirements

Applicants are encouraged to propose studies that can feasibly be completed within the available funds and funding period.

Research Objectives

For the purpose of this Program Announcement, highest consideration will be given to research that addresses one of the following research areas and subtopics:

Violence

1. Evaluation of strategies for disseminating and implementing evidence-based interventions or policies for the prevention of intimate partner violence, sexual violence (includes both sexual violence against adults and child sexual abuse), child maltreatment, youth violence or suicidal behavior.

2. Evaluation of the efficacy, effectiveness, and cost effectiveness of interventions, programs, and policies to prevent intimate partner violence, sexual violence, child maltreatment, youth violence or suicidal behavior.

3. Identification of shared and unique risk and protective factors for the perpetration of intimate partner violence, sexual violence, child maltreatment, youth violence or suicidal behavior, and examine the relationships among these forms of violence.

Unintentional Injury

1. Development of strategies that encourage practitioners and policy makers to adopt science-based programs, policies, laws, and regulations that reduce unintentional injuries.

2. Identification of modifiable behavioral responses to a residential fire and evaluating the effectiveness of evacuation strategies in fire emergencies and mass trauma events.

3. Among children, determination of the immediate causes of the most severe and disabling types of falls, or evaluating interventions that prevent serious falls in children.

4. Development of interventions that utilize applied behavioral analysis, behavioral safety, or other behavior modification strategies to change injury risk behaviors in non-occupational settings.

5. Development and implementation of interventions to increase motor vehicle safety in older adult drivers.

6. Evaluation of the effectiveness of implementing new innovative strategies to reduce alcohol-impaired driving.

7. Evaluation of the effectiveness of environmental, engineering or behavioral interventions to prevent pedestrian injury.

8. Methodological research to better define and measure aspects of supervision and its relative effectiveness in preventing injuries

Acute Care, Disability, and Rehabilitation

1. Development and evaluation of protocols that provide onsite interventions in acute care settings or linkages to off-site services for patients at risk of injury or psychosocial problems following injury.

2. Development and application of methods that can be used to calculate population-based estimates of the incidence, costs, and long-term consequences of spinal cord injury (SCI) and nonhospitalized traumatic brain injury (TBI). Identification of methods and strategies to ensure that people with TBI and SCI receive needed services.

Biomechanics

1. Use of biomechanics research and the knowledge of injury tolerance and injury mechanisms for the development and evaluation of interventions that address the following specific injury prevention and control problems:

a. Falls among older, community dwelling adults (e.g., hip pads).
b. Injuries in mass trauma events.
c. Severe and disabling falls among children.

d. Sports, recreation, and exercise related injuries (e.g., playground and other play environments, safety gear).

e. Injuries associated with people initiating or increasing physical activity (e.g., training programs or protective devices).

f. Injuries related to outdoor recreation (e.g., vehicle design).

g. Motorcycling, bicycling and pedestrian injuries (e.g., vehicle design).

h. Injuries to child occupants of motor vehicles (e.g., universal fasteners and alternative restraint designs).

i. Injuries to older drivers.

j. Injuries associated with the effects of emerging vehicle technologies.

2. Development of more basic biomechanical information that is needed to identify biomechanics and specific injuries that would be highly predictive of diagnoses of intimate partner violence and child maltreatment and improve case definitions.

3. Advancement of the biomechanical understanding of traumatic injury (e.g., injuries to the brain, spinal cord, thorax/