

Web site at the following Internet address: <http://www.cdc.gov/od/pgo/funding/ARs.htm>.

3. Reporting: You must provide the CDC with original and two copies of the following reports:

1. Interim progress report (PHS 2590, OMB Number 0925-0001, rev. 5/2001) no less than 90 days before the end of the budget period. The progress report will serve as your non-competing continuation application, and must contain the following elements:

a. Current Budget Period Activities Objectives

b. Current Budget Period Financial Progress.

c. New Budget Period Program Proposed Activity Objectives.

d. Detailed Line-Item Budget and Justification.

e. Additional Requested Information.

2. Financial status report, no more than 90 days after the end of the budget period.

3. Final financial status and performance reports, no more than 90 days after the end of the project period.

VII. Agency Contacts

For general questions about this announcement, contact: Technical Information Management Section, Procurement and Grants Office, Centers for Disease Control and Prevention, 2920 Brandywine Road, Atlanta, GA 30341-4146, Telephone: (770) 488-2700.

For questions about scientific/research program technical issues contact, Marci Feldman, M.S., Project Officer, Division of Violence Prevention and Control, Centers for Disease Control and Prevention, 4770 Buford Highway, NE MS K-60, Atlanta, GA 30341, Telephone: (770) 488-4478. FAX: (770) 488-4349. Email: MFeldman@cdc.gov.

For questions about peer review issues, contact, Gwen Cattledge, Scientific Review Administrator, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 4770 Buford Hwy, NE, Mailstop K-02, Atlanta, GA 30341, Telephone: 770-488-1430. Email: gxc8@cdc.gov.

For budget assistance, contact: James Masone, Contracts Specialist, Procurement and Grants Office, Centers for Disease Control and Prevention, 2920 Brandywine Road, Atlanta, GA 30341-4146, Telephone: 770-488-2736. FAX: 770-488-2671. Email: zft2@cdc.gov.

VIII. Other Information

References:

1. National Center for Injury Prevention and Control. CDC Injury

Research Agenda. Atlanta, GA: Centers for Disease Control and Prevention, 2002.

2. Roberts DF, Foehr UG, Rideout VJ, Vrodie M. Kids & media @ the new millennium. Menlo Park, CA: Henry J. Kaiser Family Foundation, 1999.

3. Woodward EH. Media in the home 2000: The fourth annual survey of parents and children (Survey Series No. 7). Philadelphia, PA: The Annenberg Public Policy Center of the University of Pennsylvania, 1998.

4. Wilson BJ, Kunkel D, Linz D, Potter J, Donnerstein E, Smith SL, Blumenthal E, Gray T. Violence in television programming overall: University of California, Santa Barbara study. In Seawall M. (Ed.), National television violence study (Vol. 1, pp. 3-184). Thousand Oaks, CA: Sage Publications, 1997.

Wilson BJ, Kunkel D, Linz D, Potter J, Donnerstein E, Smith SL, Blumenthal E, Berry M. Violence in television programming overall: University of California, Santa Barbara study. In Seawall M. (Ed.), National television violence study (Vol. 2, pp. 3-204). Thousand Oaks, CA: Sage Publications, 1998.

Dated: November 20, 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

Community Trial to Test the Effectiveness of the Smoke Alarm Installation and Fire Safety Education (SAIFE) Program

Announcement Type: New.
Funding Opportunity Number: 04058.
Catalog of Federal Domestic Assistance Number: 93.136.

Key Dates:
Letter of Intent Deadline: December 29, 2003.

Application Deadline: February 17, 2004.

I. Funding Opportunity Description

Authority: This program is authorized under section 317 and 391 of the Public Health Service Act (42 U.S.C. 247b and 280b), as amended.

Purpose

The purpose of this program is to evaluate strategies to reduce the number

of residential fire-related injuries and fatalities in high-risk communities.

This program addresses the "Healthy People 2010," focus area of Injury and Violence Prevention.

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.

2. Monitor and detect fatal and non-fatal injuries.

3. Conduct a targeted program of research to reduce injury-related death and disability.

Research Objectives

The objective of this cooperative agreement is to rigorously evaluate strategies to reduce the number of residential fire-related injuries and fatalities in high-risk communities. Smoke alarms have proven effective in reducing the fire death and injury toll. Research shows that functioning smoke alarms are more likely to be present in a home when a fire safety program provides and installs them, rather than simply providing vouchers and/or discounts to individuals to obtain alarms that require resident installation. There are CDC programs currently being funded by PA 01076 in 16 states that provide for home installation of smoke alarms plus general fire safety education in households at high risk for fire, fire-related injury, and death. Programs of this type seem reasonable, but have not been studied scientifically to assess their impact on fire-related injury outcomes. This study will assess, through a community trial, the effectiveness of the program operating prospectively in multiple communities in one state.

Activities

Awardee activities for this program are as follows:

(a) Develop and implement a community trial to test the effectiveness of the smoke alarm installation and fire safety education (SAIFE) Program Announcement 01076 (intervention). Each year a minimum of three different communities having the capacity and willingness to implement smoke alarm installation combined with fire safety education for one year (intervention communities) will participate; and three comparison communities will not receive the intervention (control communities). Control communities should not become intervention communities in subsequent years to