

ensure research findings are not contaminated during follow-up. At least nine intervention and nine control communities must be enrolled over three years. Program activities at the intervention sites are funded by program announcement 01076, and should be used for these sites only. Additionally, in order to test for the effectiveness of the intervention accurately, intervention and control communities must not have previously received funding from CDC or United States Fire Administration (USFA) for residential fire-related injury prevention programs. Non-intensive, relatively small awards, such as funding for equipment or education only programs, will not disqualify a community.

(b) Study sites must target vulnerable populations (e.g., children under five, adults age 65 and older, persons with low social economic status) and include each year at least one urban, one suburban, and one rural community. All communities should have a population of approximately 50,000. These may be counties, cities, or neighborhoods. All communities should demonstrate fire incidence rates above the national average.

(c) Control communities should be matched on urban/suburban/rural status, type(s) of vulnerable populations, and approximate population size.

(d) Intervention communities will receive the smoke alarm installation and fire safety education program funded by program announcement 01076. Therefore, the intervention should facilitate the acquisition, distribution and proper installation of long-lasting, lithium-powered smoke alarms and fire safety education for targeted communities through the collaborative efforts of fire safety personnel and/or community workers.

(e) In partnership and collaboration with an academic or research institution, develop a community trial study design with intervention and control communities (as described above). Follow-up assessments for each intervention community should include assessment of the continued presence and functionality of intervention-installed smoke alarms. Outcomes to be measured in both intervention and control communities should include a comparison of pre- and post-intervention residents' knowledge, attitudes, beliefs, and behaviors; fire incidence, injuries, and deaths. Follow-up on injuries and deaths will require partnering with local hospitals. Depending upon when communities enter the study, some communities will

have longer follow-up periods than others.

(f) The research team, including a research project coordinator, should provide oversight for the research activities to each community selected. Year one will address design and preparation issues, including the development of materials for Institutional Review Board (IRB). Years two through four will emphasize implementation of intervention and control community activities including data collection. Year five will include final months of follow-up activities and data analysis.

In a cooperative agreement, CDC staff is substantially involved in the program activities, above and beyond routine grant monitoring.

CDC Activities for this program are as follows:

(a) Partner in a substantial way in all activities, especially with regard to understanding best practices and evidence that can be applied to intervention design for fire prevention.

(b) Provide technical consultation and advice through routine meetings and conference calls with the awardee and any local partners on all aspects of intervention design, methods, analysis planning, and other recipient activities.

(c) Provide up-to-date scientific information about fire-related injuries on a national scope and with respect to specific regions and population groups.

(d) Partner and collaborate with the awardee in development and refinement of the intervention.

(e) Partner in developing a research protocol for annual IRB review by all cooperating institutions participating in the research study. The CDC IRB will review and approve the protocol initially and on at least an annual basis until the research study is completed.

(f) Ensure human subjects assurances are in place and in effect.

(g) Monitor and evaluate the scientific and operational accomplishments of the project. This will be accomplished through periodic site visits, telephone calls, electronic communication, technical and data reports and interim data analyses.

(h) Facilitate collaborative efforts to compile and disseminate research results through presentations at scientific conferences and publications in peer-reviewed public health journals.

## II. Award Information

*Type of Award:* Cooperative Agreement.

CDC involvement in this program is listed in the Activities Section above.

*Fiscal Year Funds:* FY 2004.

*Approximate Total Funding:* \$250,000.

*Approximate Number of Awards:* One.

*Approximate Average Award:* \$250,000.

*Floor of Award Range:* \$250,000.

*Ceiling of Award Range:* \$250,000.

*Anticipated Award Date:* September 1, 2004.

*Budget Period Length:* 12 months.

*Project Period Length:* Five years.

Throughout the project period, CDC's commitment to continuation of awards will be conditioned on the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the Federal Government. With satisfactory progress on this community trial, funding for program activities (program announcement 01076) is expected to continue so that this community trial can be completed.

## III. Eligibility Information

### 1. Eligible Applicants

Applications may be submitted by public and private nonprofit and for profit organizations and by governments and their agencies, such as:

- Public nonprofit organizations.
- Private nonprofit organizations.
- For profit organizations.
- Small, minority, women-owned businesses.
- Universities.
- Colleges.
- Research institutions.
- Hospitals.
- Community-based organizations (including faith-based organizations).
- State and local governments or their Bona Fide Agents (this includes the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau)
- Political subdivisions of States (in consultation with States).

A Bona Fide Agent is an agency/organization identified by the state as eligible to submit an application under the state eligibility in lieu of a state application. If you are applying as a bona fide agent of a state or local government, you must provide as a letter from the state or local government as documentation of your status. Place this documentation behind the first page of your application form.

### 2. Cost Sharing or Matching

Matching funds are not required for this program.