

(5) Create partnerships with communities to develop plans to address youth violence.

G. Submission and Deadline

Application Forms

Submit the original and two copies of PHS 398 (OMB Number 0925-0001) and adhere to the instructions on the Errata Instruction Sheet for PHS 398. Forms are available at the following Internet address: <http://www.cdc.gov/od/pgo/forminfo.htm>.

If you do not have access to the Internet, or if you have difficulty accessing the forms on-line, you may contact the CDC Procurement and Grants Office Technical Information Management Section (PGO-TIM) at: (770) 488-2700. Application forms can be mailed to you.

Submission Date, Time, and Address

The application must be received by 4 p.m. Eastern Time, April 7, 2003. Submit the application to: Technical Information Management—PA#03035, CDC Procurement and Grants Office, 2920 Brandywine Road, Atlanta, GA 30341-4146.

Applications may not be submitted electronically.

CDC Acknowledgement of Application Receipt

A post card will be mailed by PGO-TIM, notifying you that CDC has received your application.

Deadline

Applications shall be considered as meeting the deadline if they are received before 4 p.m. Eastern Time on the deadline date. Applicants sending applications by the United States Postal Service or commercial delivery services must ensure that the carrier will be able to guarantee delivery of the application by the closing date and time. If an application is received after closing due to (1) carrier error, when the carrier accepted the package with a guarantee for delivery by the closing date and time, or (2) significant weather delays or natural disasters, CDC will upon receipt of proper documentation, consider the application as having been received by the deadline.

Applications that do not meet the above criteria will not be eligible for competition and will be discarded. The applicant will be notified of their failure to meet the submission requirements.

H. Evaluation Criteria

Application

Applicants are required to provide measures of effectiveness that will

demonstrate the accomplishment of the various identified objectives of the grant. Measures of effectiveness must relate to the performance goal stated in the purpose section of this announcement. Measures must be objective and quantitative and must measure the intended outcome. These measures of effectiveness must be submitted with the application and will be an element of evaluation.

Applications will be reviewed by CDC staff for completeness and responsiveness as outlined under the eligible applicants section. Incomplete applications and applications that are not responsive will be returned to the applicant without further consideration.

Applications which are complete and responsive may be subjected to a preliminary evaluation (streamlined review) by a peer review committee, the Injury Research Grant Review Committee (IRGRC), to determine if the application is of sufficient technical and scientific merit to warrant further review by the IRGRC. CDC will withdraw from further consideration applications judged to be noncompetitive and promptly notify the principal investigator/program director and the official signing for the applicant organization. Those applications judged to be competitive will be further evaluated by a dual review process.

All awards will be determined by the director of the NCIPC based on priority scores assigned to applications by the IRGRC, recommendations by the secondary review committee of the Science and Program Review Subcommittee of the Advisory Subcommittee for Injury Prevention and Control (ACIPC), consultation with NCIPC senior staff, and the availability of funds.

1. The primary review will be a peer review conducted by the IRGRC. All applications will be reviewed for scientific merit using current National Institutes of Health (NIH) and CDC criteria (a scoring system of 100 to 500 points) to evaluate the methods and scientific quality of the application. Factors to be considered will include:

a. Plan for the development of infrastructure and conduct of interdisciplinary research relevant to youth violence (25 percent).

(1) The application will specifically aim to address all the goals of the program, for example, the long-term objectives and intended accomplishments for the proposed center in relation to the problem of preventing youth violence and self-directed violence among the young. If the aims of the application are achieved, how will prevention of youth violence

be advanced? What will be the effect of the center's activities on violence prevention efforts within the center's target community or region (e.g., surveillance)?

(2) The extent to which the evaluation plan will allow for the measurement of progress toward the achievement of stated objectives of the proposed center.

(3) Qualifications, adequacy, and appropriateness of personnel to accomplish the proposed activities. Project director: Is the proposed center director appropriately trained and well-suited to carry out this work? Is the work proposed appropriate to the experience level of the proposed director and other key faculty and staff?

(4) Adequacy of institutional support and arrangements to ensure successful implementation of activities of the proposed centers, including arrangements for the center director's time commitment and authority, and documentation of relationships and understanding of roles and responsibilities between partner institutions and community organizations.

b. Implement effective violence prevention strategies (20 percent).

Adequacy of plans to conduct pilot projects relevant to the field of violence prevention including: adequacy of the setting and participants for the project, relevance of outcome measurements, expected results, and appropriateness of time lines, cost, and plans for translation/dissemination.

c. Create partnerships with communities to develop plans to address youth violence (20 percent).

Adequacy of plans and arrangements to develop and implement a community response to the problem of youth violence. Incorporate diverse perspectives (i.e., health and mental health professionals, educators, the media, parents, young people, police, criminal/juvenile courts, legislators, public health specialists, and business leaders). Documentation of agreements and clear understanding of roles and responsibilities of partner organizations.

d. Training initiatives to prepare professionals from various backgrounds to address the issue of youth violence (20 percent).

Adequacy of plans and arrangements to develop and implement curricula for training of health care professionals on violent behavior identification, assessment, intervention with high risk youth. Integrate this curriculum into medical, nursing, and other health professional training program.

e. Research Factors (15 percent).

(1) *Significance*. Does this study address an important problem? If the