



Centers for Disease Control and Prevention

National Center for Injury Prevention and Control Extramural Research Program Office

The CDC National Centers of Excellence in Youth Violence Prevention: Building the Evidence for
Community- and Policy-Level Prevention

RFA-CE-15-002

Application Due Date: 02/17/2016

The CDC National Centers of Excellence in Youth Violence Prevention: Building the Evidence for
Community- and Policy-Level Prevention

RFA-CE-15-002

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Part 1. Overview Information

Participating Organization(s)

Centers for Disease Control and Prevention

Components of Participating Organizations

National Center for Injury Prevention and Control Extramural Research Program Office (NCIPC ERPO)
National Center for Injury Prevention and Control (NCIPC)

Funding Opportunity Announcement (FOA) Title

The CDC National Centers of Excellence in Youth Violence Prevention: Building the Evidence for Community- and Policy-Level Prevention

Activity Code

U01 Research Cooperative Agreement. This is a program announcement with multiple receipt dates (Cycle 1 FY2015, Cycle 2 FY2016).

Funding Opportunity Announcement Type

New

Funding Opportunity Announcement Number

RFA-CE-15-002

Catalog of Federal Domestic Assistance (CFDA) Number(s)

93.136

Category of Funding Activity:

Health

FOA Purpose

This FOA is a program announcement with multiple receipt dates (Cycle 1 FY2015, Cycle 2 FY2016). The purpose of this announcement is to fund Youth Violence Prevention Centers (YVPCs) to advance the science and practice of youth violence prevention and to reduce youth violence in one or more geographically defined, high-burden communities by implementing and evaluating a community- or policy-level prevention strategy or combination of such strategies. The YVPCs align with CDC's Injury Center's research priorities for youth violence prevention that include evaluating the effectiveness of community- and societal-level prevention approaches and evaluating the dissemination and implementation of effective youth violence prevention strategies, programs, and policies. The YVPCs are academic centers that are expected to engage in reciprocally beneficial collaborations among researchers and non-governmental and governmental organizations (including the local health department) and one or more defined high-burden communities, with the common goal of reducing youth interpersonal violence. A YVPC supported under this announcement must include 2 core features: 1) an administrative infrastructure to support implementation, evaluation, and dissemination activities; to foster necessary local collaborations to achieve research and program goals; and to work with other funded YVPCs as part of the Youth Violence Prevention Center Network; and 2) integrated implementation and evaluation activities of a community- or policy-level approach to preventing youth violence in a high-burden community or set of communities. It is anticipated that three YVPCs will be funded in FY2015 (Cycle 1), and the intent is to fund two additional YVPCs in FY2016 (Cycle 2) pending availability of funds.

The purpose of Amendment 1 to this FOA is to provide additional clarifying information based on questions received from potential applicants during the Pre-Application Conference Call held on February 19, 2015. A

summary of the questions and answers can be found in Section VIII. Other Information, beginning on page 39 of the amended FOA.

A second purpose for Amendment 1 is to announcement a second pre-application teleconference call that will be held on March 19, 2015, from 2:00– 3:00 PM Eastern Time to address prospective applicants' questions regarding the FOA.

The purpose of Amendment 2 to this FOA is to provide additional clarifying information based on questions received from potential applicants during a second pre-application conference call held on March 19, 2015. A summary of the questions and answers can be found in Section VIII. Other Information.

The purpose of Amendment 3 to this FOA: Page 1 and 4: Extending the closing date for Cycle 1 from May 04,2015 to May 11, 2015 5 p.m. EST.

Please submit or re-submit the entire application. Note: The Research Strategy must be included in the single submission, 40-pages in length, as prescribed on page 3, 4 and 21.

The purpose of Amendment 4 is to provide updated information regarding: due dates for Cycle 2 Letters of Intent and applications, federal contact information, change in the Application Page Limits, and include information regarding the scheduling of a pre-application conference call for Cycle 2 of this FOA.

The purpose of Amendment 5 to this FOA is to provide additional clarifying information based on questions received from potential applicants during a pre-application conference call held on December 17, 2015 and to clarify in Section II the number of applications expected to be funded during Cycle 2 of this announcement. A summary of the questions and answers can be found in Section VIII, Other Information.

Key Dates

Publication Date: To receive notification of any changes to RFA-CE-15-002, return to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notification Emails" link. An email address is needed for this service.

Letter of Intent Due Date: 12/30/2015

The Letter of Intent due date listed above is for **Cycle 2**.

Letter of Intent Due Date for Cycle 2: December 30, 2015.

Please note that Cycle 2 is contingent on additional funding becoming available in FY2016.

Application Due Date: 02/17/2016

The application due date listed above is for **Cycle 2**.

Application Due Date for Cycle 2: February 17, 2016

Please note that Cycle 2 is contingent on additional funding becoming available in FY2016.

On-time submission requires that electronic applications be error-free and made available to CDC for processing from eRA Commons on or before the deadline date. Applications must be submitted to and validated successfully by Grants.gov/eRA Commons no later than 5:00 PM U.S. Eastern Time. Note: HHS/CDC grant submission procedures do not provide a period of time beyond the application due date to correct any error or warning notices of noncompliance with application instructions that are identified by Grants.gov or eRA systems (i.e., error correction window).

Scientific Merit Review: 04/20/2016

Scientific Merit Review for Cycle 1: June, 2015

Scientific Merit Review for Cycle 2: April - May, 2016

The 04/20/2016 date listed above is an approximate date for **Cycle 2 Only**

The dates listed above are approximate dates. The scientific merit review is expected to occur in June of 2015 for Cycle 1 and in April or May of 2016 for Cycle 2.

Secondary Review: 05/31/2016

Secondary Review for Cycle 1: July, 2015

Secondary Review for Cycle 2: April - May, 2016

The 05/31/2016 date listed above is an approximate date for **Cycle 2 Only**

Estimated Start Date: 09/01/2016

Estimated Start Date for Cycle 1: September 30, 2015

Estimated Start Date for Cycle 2: September 1, 2016

The 09/01/2016 date listed above is an approximate date for **Cycle 2 Only**

Expiration Date: 09/30/2016

Due Dates for E.O. 12372: Executive Order 12372 does not apply to this program.

Required Application Instructions

It is critical that applicants follow the instructions in the [SF 424 \(R&R\) Application Guide](#) except where instructed to do otherwise in this FOA. Conformance to all requirements (both in the Application Guide and the FOA) is required and strictly enforced. Applicants must read and follow all application instructions in the Application Guide as well as any program-specific instructions noted in Section IV. When the program-specific instructions deviate from those in the Application Guide, follow the program-specific instructions.

Note: The Research Strategy component of the Research Plan is limited to 20 pages.

Applications that do not comply with these instructions may be delayed or not accepted for review.

Telecommunications for the Hearing Impaired: TTY 1-888-232-6348

Executive Summary

- **Purpose.** This FOA is a program announcement with multiple receipt dates (Cycle 1 FY2015, Cycle 2 FY2016). The purpose of this announcement is to fund another round of Youth Violence Prevention Centers (YVPCs) to advance the science and practice of youth violence prevention and to reduce youth violence in one or more geographically defined, high-burden communities by implementing and evaluating a community- or policy-level prevention strategy or combination of such strategies. Three YVPCs will be funded in FY2015, and the intent is to fund two additional YVPCs in FY2016 pending availability of funds. The YVPCs align with CDC's Injury Center's research priorities for youth violence prevention that include evaluating the effectiveness of community- and societal-level prevention approaches and evaluating the dissemination and implementation of effective youth violence prevention strategies, programs, and policies. The YVPCs are academic centers that are expected to engage in reciprocally beneficial collaborations among researchers and non-governmental and governmental organizations (including the local health department) and one or more defined high-burden communities, with the common goal of reducing youth interpersonal violence. A YVPC supported under this announcement must include 2 core features: 1) an administrative infrastructure to support implementation, evaluation, and dissemination activities; to foster

necessary local collaborations to achieve research and program goals; and to work with other funded YVPCs as part of the Youth Violence Prevention Center (YVPC) Network; and 2) integrated implementation and evaluation activities of a community- or policy-level approach to preventing youth violence in a high-burden community or set of communities.

- **Mechanism of Support.** Cooperative Agreement.
- **Funds Available and Anticipated Number of Awards.** The National Center for Injury Prevention and Control intends to commit approximately \$3,600,000 in FY 2015 to fund 3 applications. **It is anticipated that an additional \$2,400,000 will be committed in FY2016 to fund 2 additional applications.** The requirements are the same for both cycles. The award issued under this FOA is contingent upon availability of funds and a sufficient number of meritorious applications. Because the nature and scope of the proposed research will vary from application to application, it is anticipated that the size and duration of the award may also vary. The total amount awarded will depend upon the number, quality, duration and cost of the applications received and approved.
- **Budget and Project Period.** The maximum award amount will be \$1,200,000 (direct and indirect cost) for the first year (12 month) budget period. An applicant may request a project period of up to five years. A maximum of \$6,000,000 in total funding (direct and indirect) will be awarded for the entire 5 year project period, with a maximum of \$1,200,000 per year. It is anticipated that the project period for the applications received in 2015 (Cycle 1) will run from 09/30/2015 to 09/29/2020. It is anticipated that the project period for the applications received in 2016 (Cycle 2) will run from 09/30/2016 to 09/29/2021. Please note that Cycle 2 is contingent on additional funding becoming available in FY2016.
- **Application Research Strategy Length:** Page limits for the Research Strategy are clearly specified in Section IV. Application and Submission Information of this announcement.
- **Eligible Institutions/Organizations.** Public and private nonprofit universities; colleges; and university associated teaching hospitals are eligible to apply to this FOA. See Section III for more information.
- **Eligible Project Directors/Principal Investigators (PDs/PIs).** Individuals with the skills, knowledge, and resources necessary to carry out the proposed research are invited to work with their institution/organization to develop an application for support. NOTE: CDC does not make awards to individuals directly. Individuals from underrepresented racial and ethnic groups as well as individuals with disabilities are always encouraged to apply.
- **Number of PDs/PIs.** Applications may name more than 1 PD/PI. However:
 - 1 PD/PI must be designated as the contact person for all correspondence related to the application.
 - All PD/PIs must include their eRA Commons Identification in the Credential field of the Senior/Key Person Profile Component of the SF 424(R&R) Application Package.
 - Only one application per principal investigator will be funded under this announcement.
- **Number of Applications.** An applicant institution can submit more than one application in response to this FOA, but may not submit more than one application with the same principal investigator. The research proposed in each application from an organization must be scientifically distinct.

Please note that applicants may submit up to one resubmission in response to this FOA. For more information about resubmission, go to Section IV. Application and Submission Information, 12. Other Submission Requirements and Information.
- **Application Type.** New.
- **Special Date(s).** **A Cycle 2 pre-application teleconference call will be conducted on December 17, 2015, from 1:00 – 2:00 PM Eastern Time, to address prospective applicants' questions regarding this**

FOA, CE15-002, The CDC National Centers of Excellence in Youth Violence Prevention: Building the Evidence for Community- and Policy-Level Prevention. Interested parties may call the Toll-Free Number: 1-866-827-9455; Use Passcode 5048401 when prompted.

- A pre-application teleconference call will be conducted on February 19, 2015, from 2:00– 3:00 PM Eastern Time to address prospective applicants' questions regarding FOA CE15-002, The CDC National Centers of Excellence in Youth Violence Prevention: Building the Evidence for Community- and Policy-Level Prevention.

- **PARTICIPANT ACCESS INFORMATION**

- Call Date: February 19, 2015
- Call Time: 2:00 PM Eastern Time
- Call Duration: 1 hour
- Call Leader: Paul Smutz
- Toll-Free Number: (855)-644-0229
- Conference ID: 7393150

A second pre-application teleconference call will be conducted on March 19, 2015, from 2:00– 3:00 PM Eastern Time to address prospective applicants' questions regarding FOA CE15-002, The CDC National Centers of Excellence in Youth Violence Prevention: Building the Evidence for Community- and Policy-Level Prevention.

- **PARTICIPANT ACCESS INFORMATION**

- Call Date: March 19, 2015
- Call Time: 2:00 PM Eastern Time
- Call Duration: 1 hour
- Call Leader: Paul Smutz
- Toll-Free Number: 866-758-9795
- Passcode: 3170349

- **Application Materials.** See Section IV.1 for application materials.
- **Hearing Impaired.** Telecommunications for the hearing impaired are available at: TTY: (770) 488-2783.

Part 2. Full Text

Section I. Funding Opportunity Description

Statutory Authority

Section 301 (a) [42 U.S.C. 241(a)] of the Public Health Service Act, and Section 391 (a)[42 U.S.C. 280 b(a)] of the Public Health Service Act, as amended.

1. Background and Purpose

Background:

While rates of youth violence have declined over the last two decades (David-Ferdon, Dahlberg, & Kegler, 2013; CDC, 2014), communities still bear a heavy burden from youth violence. Homicide, for example, is the third leading cause of death for young people ages 10-24 (Centers for Disease Control and Prevention [CDC], 2014). In 2013, approximately 550,000 young people ages 10-24 were treated in emergency departments for nonfatal physical assault-related injuries. In 2013, 25 percent of high school students reported being in at least one physical fight in the past year (Khan et

al., 2014). The effects of youth violence not only impact the individual young person but also all residents of a community by increasing health care costs and diminishing productivity, property values, and opportunities for communities to thrive. Each year, youth homicides and nonfatal physical assault-related injuries result in an estimated \$17.5 billion in medical and work loss costs (CDC, 2013).

The approach of the Division of Violence Prevention (DVP) at the Centers for Disease Control and Prevention (CDC) emphasizes preventing youth violence-related behaviors, injuries, and deaths by collaborating with academic and community partners and stakeholders to increase the availability of evidence-based prevention approaches and the capacity of communities to use these approaches. DVP investments in academic-community collaborations have advanced the science and practice of youth violence prevention. The current Youth Violence Prevention Centers (YVPCs) (formerly the Academic Centers of Excellence in Youth Violence Prevention, or ACEs) are designed to engage in prevention activities that have community-level impacts on youth violence and evaluations that are sufficiently rigorous to detect this impact. The YVPCs have demonstrated success in reducing youth violence in their target communities while also generating a body of generalizable science that can inform prevention practice in other communities for broader national impact. The next round of YVPCs is designed to continue and build upon this success of learning while doing. Applicants may be new, previously but not currently funded YVPCs, or currently funded YVPCs seeking continued support.

The research activities of the next round of YVPCs funded by this announcement will address three critical gaps in the field through rigorous implementation and evaluation of promising strategies to reduce youth violence. By addressing these gaps, substantial gains will be made in the ability to achieve community-level impact on youth violence:

First, the current evidence base for youth violence prevention has few empirically supported approaches at the outer levels of the social ecology (i.e., community and societal levels) (Fagan & Catalano, 2013). Effective community- and policy-level prevention strategies are an essential complement to the individual- and relationship-level strategies for which there is evidence of effectiveness and are critical for achieving community-level impact (David-Ferdon & Simon, 2014). The research activities of the next round of YVPCs will address this gap.

A second and related gap to be addressed by the next round of YVPCs is the limited understanding of the processes and causal mechanisms by which effective prevention strategies work (Guerra, Boxer, & Cook, 2006). This gap poses particular challenges for future replication and scalability of effective approaches. Therefore, in addition to identifying what works, systematic understanding of how and why community- and policy-level prevention strategies may be effective in preventing youth violence is needed. For example, does a community-level prevention strategy work because it increases collective efficacy in a community, or because it strengthens individuals' ties to conventional norms and behaviors, or because it enhances a community's ability to cope with sources of strain in healthy and prosocial ways? Rigorous monitoring and evaluation of a selected strategy's content and implementation will help answer these questions.

The third gap to be addressed by the funded YVPCs is the limited understanding of the relationship between community readiness/capacity and prevention strategy implementation and outcomes. Past experience with community-wide implementation of prevention strategies makes it clear that there is an important relationship between community readiness and capacity, implementation success, and prevention outcomes. An organization with sufficient institutional capacity may try to implement an evidence-based prevention approach, but if community readiness is low, the implementation of the approach and/or the impact on youth violence may be weak. While a sizeable body of existing

research examines the construct of community readiness and its measurement (e.g., Hawkins et al., 2002; Wandersman et al., 2008), there is little systematic research on the relationship between community readiness/capacity and actual health and/or behavioral outcomes. This is an understudied component of prevention effectiveness, particularly in communities of highest burden and need. Understanding how community readiness and capacity are related to the selection, implementation, and evaluations of evidence-based prevention approaches and ultimately to the reduction of youth violence could strengthen the effective and sustained prevention of youth violence. The next round of YVPCs will examine the relationship between community capacity/readiness, strategy implementation, and youth violence outcomes.

For the purpose of this announcement, youth violence is defined as the intentional use of physical force or power, threatened or actual, exerted by or against youth ages 10-24, which results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation. It includes violence between individuals or groups who may or may not know each other. It frequently takes place outside the home, in the streets, or in institutional settings, such as schools and workplaces. Community is defined as any defined population with shared characteristics, risk/protective factors, and potential for exposure to a prevention strategy with corresponding data sources (e.g., neighborhoods, municipalities, hospital or school catchment area, police jurisdictions).

A “high-burden” community is a community that has multiple empirically robust risk factors for youth violence and where rates of youth violence are higher than national averages (e.g., juvenile rates of fighting, juvenile arrest rates for violent offenses, homicide rates among youth ages 10-24, emergency department data on violence-related injuries among youth, and school data on disciplinary incidents involving violence). Applicants must propose to partner with a geographically defined, high-burden community or set of communities with a high prevalence of youth violent behavior, injury and death. For the communities partnered with, applicants must document high prevalence rates of youth violence at the community level using some combination of key community indicators (identified in the Community and Strategy Selection, item 1 below).

For the purposes of this announcement, a clear distinction is made between community-based prevention and community-level prevention. Community-based prevention strategies are implemented in a community setting but target change in individual-, peer- or family-level factors (e.g., attitudes, knowledge, etc.). Community-level prevention strategies—the focus of research funded under this announcement—target modifiable risk and protective factors that are characteristic of communities and that are empirically or theoretically associated with youth violence (e.g., neighborhood disorganization, physical environment, availability of alcohol, etc.; Casey & Lindhorst, 2009; DeGue et al., 2013; Sharp et al., 2012).

For the purposes of this announcement, policy is defined as a law, regulation, procedure, administrative action, incentive, or voluntary practice of governments and other institutions (e.g., schools, business entity), and is frequently reflected in resource allocations (<http://www.cdc.gov/stltpublichealth/policy>). Policy-level strategies are differentiated from programs, practices, and other strategies in that they are applied to an entire location or entity as a whole. For example, policies may be implemented at the administrative organizational, city, county, state, or national level. Policies generally operate at the systems level, apply to large units/sectors or populations, and set the context in which individual decisions and actions are made.

Purpose:

The purpose of this announcement is to fund another round of Youth Violence Prevention Centers (YVPCs) to advance the science and practice of youth violence prevention and to reduce youth

violence in one or more geographically defined, high-burden communities by implementing and evaluating a community- or policy-level prevention strategy or combination of such strategies. Three YVPCs will be funded in FY2015, and the intent is to fund two additional YVPCs in FY2016 pending availability of funds. The YVPCs align with CDC's Injury Center's research priorities for youth violence prevention that include evaluating the effectiveness of community- and societal-level prevention approaches and evaluating the dissemination and implementation of effective youth violence prevention strategies, programs, and policies. The YVPCs are academic centers that are expected to engage in reciprocally beneficial collaborations among researchers and non-governmental and governmental organizations (including the local health department) and one or more defined high-burden communities, with the common goal of reducing youth interpersonal violence. A YVPC supported under this announcement must include 2 core features: 1) an administrative infrastructure to support implementation, evaluation, and dissemination activities; to foster necessary local collaborations to achieve research and program goals; and to work with other funded YVPCs as part of the Youth Violence Prevention Center (YVPC) Network (for additional information on the YVPC Network, see item 10, under the YVPC Administrative, Network, and Dissemination Activities section); and 2) integrated implementation and evaluation activities of a community- or policy-level approach to preventing youth violence in a high-burden community or set of communities.

Healthy People 2020 and other National Strategic Priorities

This FOA supports the following Healthy People 2020 Injury And Violence Prevention (IVP) areas: IVP-29, IVP-30, IVP-31, IVP-32, IVP-33, IVP-34, IVP-35, and IVP-36. The activities by the YVPCs supported by this FOA can contribute to declines in youth violence, such as homicide, violence-related injuries, assaults, fighting and school violence. The YVPCs align with CDC's Injury Center's research priorities for youth violence prevention that include evaluating the effectiveness of community- and societal-level prevention approaches and evaluating the dissemination and implementation of effective youth violence prevention strategies, programs, and policies.

Public Health Impact

Youth violence is a significant public health problem with homicides among youth being the third leading cause of death. This FOA supports YVPCs to collaborate with a community or set of communities with a high-burden of youth violence to implement and evaluate a community- or policy-level strategy or combination of strategies to reduce rates of youth violence. This FOA also supports YVPCs to examine other critical knowledge gaps about factors that affect the health impact of prevention strategies, including the processes and causal mechanisms by which effective prevention strategies work and the relationship between community readiness/capacity and prevention strategy implementation and outcomes. The work supported by the FOA is likely to impact youth violence in the selected communities as well as produce generalizable knowledge that can help prevent youth violence in other communities.

Relevant Work

The current YVPCs (formerly the Academic Centers of Excellence in Youth Violence Prevention or ACEs) have demonstrated success in reducing youth violence in high-burden communities. More information about the current and past YVPCs can be accessed at: <http://www.cdc.gov/violenceprevention/ace/index.html>. The next round of the YVPCs, supported by this FOA, is designed to continue and build on this success with the implementation and evaluation

of a community- or policy-level strategy or combination of strategies.

2. Approach

Objectives/Outcomes

Research Objectives:

The purpose of this announcement is to fund the next round of Youth Violence Prevention Centers (YVPCs) to advance the science and practice of youth violence prevention and to reduce youth violence in one or more defined high-burden communities by implementing and evaluating a community- or policy-level prevention strategy or combination of such strategies. Each YVPC is expected to build the evidence for community- and policy-level prevention strategies by examining their impacts on youth violence (perpetration, victimization, or both) and community-level changes in rates of youth violence. The objectives of the YVPCs are to partner with a high-burden community or set of communities to achieve the following objectives: 1) implement and evaluate a community- or policy-level prevention strategy or combination of such strategies; (2) document the implementation of these strategies to improve future replication and scalability; and (3) evaluate the relationship between community readiness/capacity and prevention effectiveness.

To address these objectives, applicants are expected to fulfill the following eleven (11) requirements:

Community and Strategy Selection

Identify a high-burden community or set of communities and a community- or policy-level prevention strategy or combination of such strategies to implement and evaluate in the selected community or communities. Demonstrate the selected community or set of communities has a high burden of serious types of youth violence (e.g., youth homicides, shootings, aggravated assaults, violence crime arrest rates, emergency department data on youth violence injuries, administrative/school data on school discipline reports and truancy/delinquency) using available information at the community level (e.g., administrative data, vital statistics, community surveys, or other appropriate documentation).

1. For application purposes, a “high-burden” community is a community that has multiple empirically robust risk factors for youth violence and where rates of youth violence are higher than national averages on key indicators of youth violence (e.g., juvenile rates of fighting, juvenile arrest rates for violent offenses, homicide rates among ages 10-24, emergency department data on violence-related injuries among youth, and school data on disciplinary incidents involving violence). Applicants may elect to include additional indicators of high burden of youth violence, such as: shootings, aggravated assaults, robberies, and/or self-report survey items. Applicants that do not demonstrate that the selected community or set of communities are high-burden communities will be deemed nonresponsive.

2. Identify community- or policy-level prevention strategies to implement and evaluate to prevent youth violence. Selected strategies may be new initiatives or strategies already being implemented in the selected community or set of communities. The applicant may propose leveraging existing resources and actions already underway provided 2a, 2b, and 2c below are met. Applicants proposing criminal and/or justice approaches (e.g., community policing, arrest strategies) will be considered nonresponsive. Applicants proposing evaluation of community-based prevention strategies will be considered nonresponsive. Applications proposing evaluation of strategies that target only individual or relationship factors will be

considered nonresponsive. Selected prevention strategies:

- a. Should have sufficient reach and dosage to reasonably be expected to have a community-level impact on serious forms of youth violence.
- b. Be justified via presented theoretical support and a logic model as to how the prevention strategy is expected to impact community rates of the most serious forms of youth violence.
- c. Have some degree of existing empirical support. In this case, applicants are to present empirical support (e.g., existing evidence from etiological research or previous evaluations) to demonstrate the potential benefits of the selected prevention strategy. Applicant should make the case that the proposed implementation and evaluation would provide a meaningful contribution to the empirical status of the prevention strategy.
- d. Should have a robust approach to prevention that is consistent and commensurate with the resources requested. That is, the implementation and evaluation of identified prevention strategies should be of sufficient degree and scope to warrant YVPC designation and expenses. For example, applicants may propose evaluation of multiple strategies in different communities; evaluation of a single strategy that is implemented across multiple communities or in different contexts; or evaluation of tiered implementation, whereby one setting (e.g., community, school, or jurisdiction) receives a full implementation of a prevention strategy and is compared with a scaled-back prevention strategy and a pure control.
- e. Are expected to be implemented and rigorously evaluated during the funding period. Some policy implementation is the result of collective action by multiple stakeholders, or is enacted by authorities with whom applicants will not necessarily have direct relationships. Applicants proposing to evaluate the effects of policy implementation on youth violence outcomes must provide credible assurance that a policy can and will be implemented, and that implementation will occur within a reasonable timeframe to facilitate rigorous evaluation within the project period. This credible assurance may be a letter of commitment from the entity with the authority to enact the policy, ideally to include the scope of the policy itself and the implementation timeframe. In the event that direct communication with the implementing agency or entity is not available, publically available written materials identifying the policy to be enacted can be provided.

3. Demonstrate community engagement with a partnership plan, which includes, at a minimum, letters of support and written commitments to participate with the applicant on the implementation and evaluation of the selected prevention strategy or strategies. This partnership includes, but is not limited to, key city and community leaders and stakeholders who:

- a. Are well-positioned to inform and engage with community- or policy-level prevention efforts.
- b. Include at least one representative from the public health department (city, county, or state) that serves the selected community or set of communities.
- c. Provide data or assist with accessing data on youth violence within the selected high-burden community or communities.
- d. Express a willingness to collaborate with the applicant to inform, implement, and evaluate the selected community- or policy-level strategy that fit the needs of the selected community or set of communities.
- e. Are empowered to speak and act on behalf of the agencies or groups they represent.

Evaluation Activities

Research conducted as part of the proposed YVPC must utilize a rigorous evaluation design to

assess effectiveness of the selected community- or policy-level strategy or strategies in reducing rates of youth violence. Strong preference will be given to applications that propose an experimental and/or rigorous quasi-experimental design. In some cases, applicants may utilize a controlled experimental design in which the prevention strategy is implemented in one or more communities but not others. In other cases in which a policy or community-level prevention strategy is already in place or is implemented outside the control of the investigators (e.g., natural experiment), applicants may propose to utilize an appropriately matched comparison group or other design that would maximize the ability to make causal inferences from the findings. Such designs may include regression discontinuity designs, multiple baseline designs, comparative interrupted time series designs, and instrumental variable approaches that allow for natural experiments and control for secular trends.

Applicants are to provide evidence of sufficient sample size and statistical power to detect effects of the selected community- or policy level prevention strategies on behavioral youth violence outcomes. Applicants should include plans to closely monitor implementation costs associated with the proposed strategy during the course of the study in order to inform future economic evaluations of the approach (e.g., cost-effectiveness).

Applicants should provide evidence of the potential for widespread dissemination, implementation, and sustainability of the proposed strategy to ensure that the approach, if effective, could be implemented and sustained by communities (e.g., without prohibitive costs or resources). Applicants should also include plans to appropriately document the prevention strategy procedures and content as well as lessons learned to facilitate future replication in another research or non-research setting if the strategy is found to be effective. These plans may include but are not limited to specifying the strategy's core components (e.g., content, delivery methods, and implementer characteristics) and documenting lessons learned from the study that might inform decisions about future adaptation or modification of the strategy for other settings or populations. This documentation of these procedures and content will vary depending upon whether the applicant proposes implementation and evaluation of a community-level prevention strategy or a policy (or some combination thereof).

4. Provide a rigorous outcome evaluation plan with the appropriate evaluation design for examining youth violence prevention effects of the selected prevention strategies in the selected community or set of communities.

- a. Applicants should provide plans to identify and ensure access to information to evaluate the selected strategies' impact on key indicators of community-level youth violence.
- b. Outcome evaluation must demonstrate impact of the selected prevention strategies on youth violence behaviors and outcomes and eliminate alternative hypotheses for observed change. Examples of outcome measures may include:
 - i. Justice data: youth homicides, shootings, aggravated assaults, robberies, violence crime arrest rates (per 100,000)
 - ii. Health data: Emergency department data on violence-related injuries among youth
 - iii. Administrative/school data on school discipline reports and truancy/delinquency measures
- c. Applicants are encouraged to include other violence-related outcomes as secondary outcomes (e.g., sexual violence, teen dating violence, suicide). The intended focus of this research is on youth violence outcomes, and any consideration of secondary outcomes must not come at the expense of advancing the science and practice of youth violence prevention.

5. Provide a rigorous implementation evaluation plan including methods for measuring the implementation of the selected community- or policy-level prevention strategies so that the effective approaches can be replicable in other contexts.

a. Implementation evaluation should demonstrate the mechanisms by which the prevention strategy or strategies work.

6. Outline plans to evaluate the effects of community readiness/capacity on the implementation of selected prevention strategies and on youth violence outcomes.

a. Applicants are to describe their plans to examine community readiness/capacity as a central component in both the implementation and outcome evaluation plans.

i. Applicants should describe their plans to access appropriate data sources to evaluate the relationship between community readiness/capacity, implementation of the selected strategies, and youth violence outcomes.

ii. Information sources of community readiness may include, but are not limited to, general capacity, innovation capacity, motivation, and political will.

iii. Information sources of community capacity may include, but are not limited to, organizational or community identity, resource utilization, leadership, structure, climate, and human capacity.

7. Provide a plan to monitor and document implementation costs and units. Applicants are encouraged to explore the potential to conduct cost-effectiveness analyses for selected prevention strategies.

YVPC Administrative, Network, and Dissemination Activities

Past experience demonstrates that the YVPCs require significant administrative and institutional support and capacity to accomplish the multiple research objectives. Many of the requirements of the funded YVPCs require complex skills and capacity. Applicants must demonstrate these capacities and should demonstrate a willingness to collaborate with CDC scientific staff and with other funded YVPCs so that these capacities are enhanced and expanded.

8. Demonstrate institutional capacity to implement and evaluate policy- or community-level strategies to prevent youth violence.

a. Rigorous implementation of violence prevention efforts in community settings is a complex and sustained undertaking. Applicants should demonstrate the necessary infrastructure and experience to support implementation fidelity of the selected prevention strategies.

i. Examples of such documentation may include, but are not limited to, relevant publications of PIs and/or co-PIs, letters of support from community stakeholders, a history of other awards supporting infrastructure development to implement and evaluate youth violence prevention strategies in high-burden communities, or the existence of a community advisory board or coalition that has a demonstrated history of implementing and evaluating youth violence prevention strategies.

b. Similarly, evaluation of community- and policy-level prevention strategies is a complex and very technical enterprise, requiring fluency in complex research methods, design, and statistical analysis. Applicants should demonstrate experience with the types of methods used in rigorous evaluations of community- or policy-level prevention strategies.

i. Examples of such documentation may include relevant peer-reviewed publications of

the PIs, co-PIs, and/or statistical consultant; a record of providing training on evaluation of community- or policy-level strategies; or other support that the applicant has experience with relevant types of methods.

9. Designate a full-time project coordinator with substantial experience, education, training, and credentials in project management, whose primary responsibility will be coordination of operations and logistics, and who will communicate directly with CDC scientific and programmatic staff. The PI and project coordinator will ensure that all components of the proposed work are carried out with fidelity, will document and notify CDC within three business days of any deviations from project protocol (including plans for revision and remediation when appropriate), will participate on monthly calls with CDC staff, will attend the annual reverse site visits in Atlanta, and will participate in site visits by CDC staff to the PI's institution.

10. Demonstrate a willingness to participate in the YVPC Network: The YVPC Network will be composed of the YVPC PIs, additional YVPC staff selected at YVPC PI's discretion, and members of the YVPCs community partnership groups. Membership should include at least one representative from a local health department and should ensure a diverse range of perspectives. The YVPC Network will serve as an ongoing forum for exchange, critical dialogue, and constructive feedback and discussion within and among the funded YVPCs. The YVPC Network may also provide suggestions to other CDC DVP-funded and NCIPC-funded activities [e.g., Striving To Reduce Youth Violence Everywhere (STRYVE), Core Violence and Injury Prevention Program (CORE-VIPP), Injury Control Research Centers (ICRCs)]. The YVPC Network will be encouraged to examine their proposed evaluations and identify common indicators of youth violence behaviors and outcomes (e.g., youth homicides, shootings, aggravated assaults, violence crime arrest rates, emergency department data on youth violence injuries, administrative/school data on school discipline reports and truancy/delinquency) and community capacity/readiness. This information could be used by the YVPCs to strengthen their individual plans and to help demonstrate the overall impact of their work.

11. Demonstrate a willingness to participate in the National Center for Injury Prevention and Control Principal Investigator (NCIPC PI) Network: The NCIPC PI Network will include NCIPC grantees from the ICRCs, STRYVE, CORE VIPP, and National Violent Death Reporting System (NVDRS). The purpose of the NCIPC PI Network activities, such as quarterly calls, is to provide opportunities for information exchanges and critical dialogue about violence and injury prevention topics and developments. An agenda will be established by NCIPC staff to ensure direction, focus, and mutual sharing of information and resources, though this agenda may be dynamic in response to needs that arise among our funded partners.

References:

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Fagan, A. A., & Catalano, R. F. (2013). What Works in Youth Violence Prevention A Review of the Literature. *Research on Social Work Practice, 23*(2), 141-156.

Guerra, N. G., Boxer, P., & Cook, C. R. (2006). What works (and what does not) in youth violence prevention: Rethinking the questions and finding new answers. *New Directions for Evaluation, 2006*(110), 59-71.

Hawkins, J. D., Catalano, R. F., & Arthur, M. W. (2002). Promoting science-based prevention in communities. *Addictive Behaviors, 27*(6), 951-976.

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Wandersman, A., Duffy, J., Flaspohler, P., Noonan, R., Lubell, K., Stillman, L., Blachman, M., Dunville, R., & Saul, J. (2008). Bridging the gap between prevention research and practice: The interactive systems framework for dissemination and implementation. *American Journal of Community Psychology, 41*(3-4), 171-181.

Target Population

This FOA addresses violence among youth ages 10-24. YVPCs supported by this FOA will partner with a community or set of communities that have a high-burden of youth violence to implement and evaluate a community- or policy-level strategy or combination of strategies to reduce rates of youth violence among youth ages 10-24.

Collaboration/Partnerships

This FOA supports YVPCs to collaborate with a community or set of communities with a high-burden of youth violence. Applicants are to demonstrate their community engagement with a partnership plan. Community partners may include key city and community leaders and stakeholders and are to include at least one representative from the public health department (city, county, or state) that serves the selected community or set of communities. Applicants also are to demonstrate a willingness to participate in the YVPC Network and NCIPC PI Network.

Evaluation/Performance Measurement

Applicants are to provide a rigorous outcome evaluation plan for how they propose to assess community-level youth violence prevention effects of the selected prevention strategies. Applicants also are to provide a rigorous implementation evaluation plan that can help demonstrate the mechanism by which the prevention strategies work. Applicants are to provide plans to examine the effects of community readiness/capacity as a central component in both the implementation and outcome evaluation plans.

Translation Plan

A core feature of the YVPCs supported under this FOA is the administrative infrastructure to support a range of activities, including the dissemination of findings to inform prevention approaches in other communities. Applicants should provide a plan to document the selected strategies' implementation procedures, content, and lessons learned to facilitate future replication. Primary responsibilities for the PIs include analyzing data and disseminating findings in peer-reviewed journals and presentations at scientific conferences, as well as translating and disseminating key findings and recommendations for practice to the youth violence prevention field. PIs are expected to collaborate with CDC investigators on the development of a translation plan for the research findings. The plan should describe how the results will be disseminated to achieve the greatest impact.

Section II. Award Information

Funding Instrument Type: Cooperative Agreement

A support mechanism used when there will be substantial Federal scientific or programmatic involvement. Substantial involvement means that, after award, scientific or program staff will assist, guide, coordinate, or participate in project activities.

Application Types Allowed:

New - An application that is submitted for funding for the first time. Includes multiple submission attempts within the same round.

Estimated Total Funding: \$2,400,000

NCIPC intends to commit approximately \$3,600,000 in FY 2015 to fund 3 applications. It is anticipated that **an additional \$2,400,000 will be committed in FY2016 to fund 2 additional applications, pending availability of funds**. The requirements are the same for both cycles.

Anticipated Number of Awards: 2

NCIPC intends to fund 3 awards in FY2015. It is anticipated that **an additional 2 awards will be funded in FY2016**, pending availability of funds.

Awards issued under this FOA are contingent on the availability of funds and submission of a sufficient number of meritorious applications.

Award Ceiling: \$1,200,000 Per Budget Period

Award Floor: \$0 Per Budget Period

Total Project Period Length: 5 year(s)

Throughout the project period, CDC's commitment to continuation of awards will depend on the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports), and CDC's determination that continued funding is in the best interest of the Federal government.

HHS/CDC grants policies as described in the HHS Grants Policy Statement (<http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf>) will apply to the applications submitted and awards made in response to this FOA.

Section III. Eligibility Information

1. Eligible Applicants

Eligibility Category: Public and State controlled institutions of higher education
Private institutions of higher education
Others (see text field entitled "Additional Information on Eligibility" for clarification)

Additional Eligibility Category:

2. Foreign Organizations

Foreign Organizations are not eligible to apply.

Foreign components of U.S. Organizations are not eligible to apply.

For this announcement, applicants may include collaborators or consultants from foreign institutions. All applicable federal laws and policies apply.

3. Special Eligibility Requirements

Only the following organizations are eligible to apply to this FOA.

- Public and private nonprofit universities
- Colleges
- University-associated teaching hospitals

Applications received from organizations other than those listed above will be considered nonresponsive and these applications will not be peer reviewed.

To be considered responsive to this announcement, the applicant institution must provide:

- Documentation of a high-burden community, or set of communities, with a high prevalence of violent behavior, injury and death.
- Documentation that the Principal Investigator and/or Co-Principal Investigator have prior experience conducting empirical research with direct relevance to the focus area addressed in the application, as evidenced by at least one relevant first-authored, peer-reviewed journal article.
- Documentation of prior experience evaluating the effects of community-level and/or policy-level prevention strategies is required.
- Documentation of a partnership with the public health department (city, county, or state) that serves the selected defined community or communities.
- Documentation of effective and well-defined working relationships with any other organization and/or outside entities expected to participate in the proposed research that will ensure implementation and sustainability of the proposed activities.

There must be an overall match between the proposed objectives as described in the applicant's abstract and the Research Objectives of this FOA as described in Section I under the heading, "Research Objectives."

An applicant institution can submit more than one application in response to this FOA, but may not submit more than one application with the same principal investigator. Only one application per principal investigator will be funded under this announcement.

Applicants funded under past iterations of the YVPCs (or ACEs) are eligible to apply to this FOA.

Applicants currently funded under CE-10-004 are eligible to apply to this FOA with the following provisions; 1) Current awardees whose funding ends in September of 2015 are eligible to apply for either cycle of this FOA; 2) Current awardees whose funding ends in September of 2016 are eligible to apply for cycle 2 only.

For more information on the Eligibility Requirements for this FOA, see Section VIII Other Information.

4. Justification for Less than Maximum Competition

Eligibility is limited to: Public and private nonprofit universities, colleges, and university-associated teaching hospitals.

In the FY2000 Labor, Health, and Human Service and Education, and Related Agencies Appropriations Bill, the Committee called for the “establishment of National Centers of Excellence at academic health centers that will serve as national models for the prevention of youth violence.” These centers are CDC’s National Centers of Excellence in Youth Violence Prevention (YVPCs; formally called Academic Centers of Excellence in Youth Violence Prevention, or ACEs). Three five-year cycles of funding the YVPCs have demonstrated that academic centers are, in fact, uniquely equipped to accomplish this congressionally stated goal. While the YVPCs are no longer funded through a budget line item, CDC is continuing to support the YVPCs and the limited eligibility is still a critical component because of the continuation of program goals to advance the science and practice of preventing youth violence. The achievement of objectives outlined in the Program Announcement requires the infrastructure and research expertise only afforded by academic institutions.

Academic health centers (i.e., universities, colleges, and university-associated teaching hospitals) were identified by Congress as the appropriate leads for the YVPCs because of the nature of their objectives and activities. These objectives include the development of multi-disciplinary and multi-sector interactions that can stimulate scientific creativity, speed new developments in youth violence research and practice, and hasten translation of knowledge into health and community practice. The specific activities to be conducted and that justify the limited eligibility include:

- The establishment of the scientific infrastructure of personnel and resources necessary to support rigorous efficacy/effectiveness studies and interdisciplinary research strategies to prevent youth violence and related injury and death in the targeted community (or set of communities) and in one or more comparison communities.
- The development of reciprocally beneficial collaborations among health scientists, social scientists, and local partners in order to successfully implement and evaluate youth violence prevention strategies in the targeted community (or set of communities) and in one or more comparison communities.

The complex and interdependent nature of these activities require the resources and scientific expertise that academic centers are uniquely able to provide. Specifically, academic centers have the necessary research capacity and infrastructure, including physical facilities, support staff, fiscal and administrative management personnel, survey research centers to manage large databases, information management and communication systems, and computer equipment, programs, and technical support. Academic institutions also have the

unique benefit of already having the multidisciplinary personnel with the necessary scientific and programmatic experience to effectively accomplish the YVPC's objectives and research activities.

5. Responsiveness

1. The application must propose a Youth Violence Prevention Center that includes the following core features: 1) an administrative infrastructure to support implementation, evaluation, and dissemination activities; and 2) integrated implementation and evaluation activities of a community- or policy-level approach to preventing youth violence. **Applications that do not propose a Youth Violence Prevention Center that contains these core features will be considered nonresponsive, and these applications will not be peer reviewed.**
2. The applicant must provide documentation that they are focusing on youth violence prevention in a high-burden community, or set of communities, with a high prevalence of violent behavior, injury and death. **Applications that do not focus on youth violence prevention in a high-burden community, or set of communities will be considered nonresponsive, and these applications will not be peer reviewed.**
3. The Principal Investigator and/or Co-Principal Investigator must have documented prior experience conducting empirical research with direct relevance to the focus area addressed in the application as evidenced by at least one relevant first-authored, peer-reviewed journal article. **Applications where the Principal Investigator does not meet these requirements will be considered nonresponsive, and these applications will not be peer reviewed.**
4. The research team (PI, Co-PI, Co-Investigators, and/or statistical consultant) must have prior experience evaluating the effects of community-level and/or policy-level prevention strategies. **Applications where the research team does not meet these requirements will be considered nonresponsive, and these applications will not be peer reviewed.**
5. The applicant must provide documentation of a partnership with the public health department (city, county, or state) that serves the selected defined community or communities. This should be evidenced by a letter of support or a memorandum of understanding detailing the nature and extent of the involvement from the relevant public health department. **Applications that do not include documentation of a partnership with the relevant public health department will be considered nonresponsive, and these applications will not be peer reviewed.**
6. The applicant must demonstrate effective and well-defined working relationships with any other organization and/or outside entities expected to participate in the proposed research that will ensure implementation and sustainability of the proposed activities. This should be evidenced by letters of support or memoranda of understanding detailing the nature and extent of the involvement from the performing organization and outside entities. **Applications that do not include documentation of working relationships with participating organizations will be considered nonresponsive, and these applications will not be peer reviewed.**
7. There must be an overall match between the proposed objectives as described in the applicant's abstract and the Research Objectives of this FOA as described in Section I under the heading, "Research Objectives." **Applications proposing implementation and evaluation of criminal and/or justice interventions will be considered nonresponsive. Applications proposing evaluation of community-based prevention strategies or strategies that target only individual or relationship factors will be considered nonresponsive.**

6. Required Registrations

Applicant organizations must complete the following registrations as described in the SF 424 (R&R) Application Guide to be eligible to apply for or receive an award. Applicants must have a valid Dun and Bradstreet Universal Numbering System (DUNS) number in order to begin each of the following registrations.

- (Foreign entities only): Special Instructions for acquiring a Commercial and Governmental Entity (NCAGE) Code: <https://eportal.nspa.nato.int/AC135Public/Docs/US%20Instructions%20for%20NSPA%20NCAGE.pdf>
- System for Award Management (SAM) – must maintain current registration in SAM (the replacement system for the Central Contractor Registration) to be renewed annually, <https://www.sam.gov/portal/SAM/#1>.
- [Grants.gov](http://www.Grants.gov)
- [eRA Commons](http://www.eRA Commons)

All applicant organizations must register with **Grants.gov**. Please visit www.Grants.gov at least 30 days prior to submitting your application to familiarize yourself with the registration and submission processes. The “one-time” registration process will take three to five days to complete. However, it is best to start the registration process at least two weeks prior to application submission.

All Program Directors/Principal Investigators (PD/Pis) **must** also work with their institutional officials to register with the **eRA Commons** or ensure their existing eRA Commons account is affiliated with the eRA Commons account of the applicant organization. **All registrations must be successfully completed and active before the application due date.** Applicant organizations are strongly encouraged to start the registration process at least four (4) weeks prior to the application due date.

7. Universal Identifier Requirements and System for Award Management (SAM)

All applicant organizations **must obtain** a DUN and Bradstreet (D&B) Data Universal Numbering System (DUNS) number as the Universal Identifier when applying for Federal grants or cooperative agreements. The DUNS number is a nine-digit number assigned by Dun and Bradstreet Information Services. An AOR should be consulted to determine the appropriate number. If the organization does not have a DUNS number, an AOR should complete the [US D&B D-U-N-S Number Request Web Form](#) or contact Dun and Bradstreet by telephone directly at 1-866-705-5711 (toll-free) to obtain one. A DUNS number will be provided immediately by telephone at no charge. Note this is an organizational number. Individual Program Directors/Principal Investigators do not need to register for a DUNS number.

Additionally, all applicant organizations must register in the **System for Award Management (SAM)**. Organizations must maintain the registration with current information at all times during which it has an application under consideration for funding by CDC and, if an award is made, until a final financial report is submitted or the final payment is received, whichever is later. SAM is the primary registrant database for the Federal government and is the repository into which an entity must provide information required for the conduct of business as a recipient. Additional information about registration procedures may be found at the SAM internet site at <https://www.sam.gov/index.html>.

If an award is granted, the grantee organization **must** notify potential sub-recipients that no organization may receive a subaward under the grant unless the organization has provided its DUNS number to the grantee organization.

8. Eligible Individuals (Project Director/Principal Investigator) in Organizations/Institutions

Any individual(s) with the skills, knowledge, and resources necessary to carry out the proposed research as the Project Director/Principal Investigator (PD/PI) is invited to work with his/her organization to develop an application for support. Individuals from underrepresented racial and ethnic groups as well as individuals with disabilities are always encouraged to apply for HHS/CDC support.

9. Cost Sharing

This FOA does not require cost sharing as defined in the HHS Grants Policy Statement (<http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf>).

10. Number of Applications

As defined in the HHS Grants Policy Statement, (<http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf>), applications received in response to the same funding opportunity announcement generally are scored individually and then ranked with other applications under peer review in their order of relative programmatic, technical, or scientific merit. HHS/CDC will not accept any application in response to this FOA that is essentially the same as one currently pending initial peer review unless the applicant withdraws the pending application.

An applicant institution can submit more than one application in response to this FOA, but may not submit more than one application with the same principal investigator. Only one application per principal investigator will be funded under this announcement.

Section IV. Application and Submission Information

1. Address to Request Application Package

Applicants must download the SF424 (R&R) application package associated with this funding opportunity from www.Grants.gov.

If access to the Internet is not available or if the applicant encounters difficulty accessing the forms on-line, contact the HHS/CDC Procurement and Grants Office Technical Information Management Section (TIMS) staff at (770) 488-2700 or pgotim@cdc.gov for further instructions. Hours: Monday - Friday, 7am – 4:30pm U.S. Eastern Time. CDC Telecommunications for the hearing impaired or disabled is available at: TTY 1-888-232-6348.

2. Content and Form of Application Submission

It is critical that applicants follow the instructions in the SF424 (R&R) Application Guide (http://grants.nih.gov/grants/funding/424/SF424_RR_Guide_General_VerC.pdf), except where instructed in this Funding Opportunity Announcement to do otherwise. Conformance to the requirements in the Application Guide is required and strictly enforced. Applications that are out of compliance with these instructions may be delayed or not accepted for review.

The forms package associated with this FOA includes all applicable components, mandatory and optional.

Please note that some components marked optional in the application package are required for submission of applications for this FOA. Follow the instructions in the SF 424 (R&R) Application Guide to ensure you complete all appropriate “optional” components.

In conjunction with the SF424 (R&R) components, CDC grants applicants should also complete and submit additional components titled “PHS398.” Note the PHS398 should include assurances and certifications, additional data required by the agency for a complete application. While these are not identical to the PHS398 application form pages, the PHS398 reference is used to distinguish these additional data requirements from the data collected in the SF424 (R&R) components. A complete application to CDC will include SF424 (R&R) and PHS398 components. These forms can be downloaded from <http://grants.nih.gov/grants/forms.htm>

3. Letter of Intent

Due Date for Letter of Intent: **12/30/2015**

The Letter of Intent due date listed above is for **Cycle 2 only**.

Letter of Intent Due Date for Cycle 2: December 30, 2015.

Although a letter of intent is not required, is not binding, and does not enter into the review of a subsequent application, the information that it contains allows CIO staff to estimate the potential review workload and plan the review.

The letter of Intent should contain the following:

Name of the Applicant
Descriptive title of proposed research
Name, address, and telephone number of the PD(s)/PI(s)
Names of other key personnel
Participating institutions
Number and title of this funding opportunity

The letter of intent should be sent to:

M.Chris Langub Ph.D.
Scientific Review Officer
National Center for Injury Prevention and Control
Centers for Disease Control and Prevention
4770 Buford Highway NE, MS F-63
Atlanta, GA 30341

Telephone: 770-488-3585

Email: MLangub@cdc.gov

Letter of Intent Due Date for Cycle 2: December 30, 2015.

4. Required and Optional Components

A complete application has many components, both required and optional. The forms package associated with this FOA in Grants.gov includes all applicable components for this FOA, required and optional.

5. PHS 398 Research Plan Component

The SF424 (R&R) Application Guide includes instructions for applicants to complete a PHS 398 Research Plan that consists of 16 components. Not all 16 components of the Research Plan apply to all Funding Opportunity Announcements (FOAs). Specifically, some of the following 16 components are for Resubmissions or Revisions only. See Part I, Section 5.5 of the SF 424 (R&R) Application Guide (http://grants.nih.gov/grants/funding/424/SF424_RR_Guide_General_VerC.pdf) for additional information. Please attach applicable sections of the following Research Plan components as directed in Part 2, Section 1 (Funding Opportunity Announcement Description).

Follow the page limits stated in the SF 424 unless otherwise specified in the FOA. As applicable to and specified in the FOA, the application should include the bolded headers in this section and should address activities to be conducted over the course of the entire project, including but not limited to:

- 1. Introduction to Application** (for Resubmission and Revision ONLY) - provide a clear description about the purpose of the proposed research and how it addresses the specific requirements of the FOA.
- 2. Specific Aims** – state the problem the proposed research addresses and how it will result in public health impact and improvements in population health.
- 3. Research Strategy** – the research strategy should be organized under 3 headings: Significance, Innovation and Approach. Describe the proposed research plan, including staffing and timeline.
- 4. Inclusion Enrollment Report** (Renewal and Revision applications ONLY)
- 5. Progress Report Publication List** (for Continuation ONLY)

Human Subjects Section

6. Protection of Human Subjects 7. Inclusion of Women and Minorities 8. Targeted/Planned Enrollment Table (for New Application ONLY) 9. Inclusion of Children

Other Research Plan Sections

10. Vertebrate Animals 11. Select Agent Research 12. Multiple PD/PI Leadership Plan. 13. Consortium/Contractual Arrangements 14. Letters of Support 15. Resource Sharing Plan(s) 16. Appendix

Component 4 (Inclusion Enrollment Report) applies only to Renewal and Revision applications for clinical research. Clinical research is that which is conducted with human subjects (or on material of human origin such as tissues, specimens and cognitive phenomena) for which an investigator (or colleague) directly interacts with human subjects. Excluded from this definition are in vitro studies that utilize human tissues that cannot be linked to a living individual. Patient-oriented research includes: (a) mechanisms of human disease, (b) therapeutic interventions, (c) clinical trials, and (d) development of new technologies). Follow the page limits in the SF 424 **unless otherwise specified in the FOA.**

All instructions in the SF424 (R&R) Application Guide

(http://grants.nih.gov/grants/funding/424/SF424_RR_Guide_General_VerC.pdf) must be followed along with any additional instructions provided in the FOA.

6. Appendix

Do not use the appendix to circumvent page limits. A maximum of 10 PDF documents are allowed in the appendix. Additionally, up to 3 publications may be included that are not publically available. Follow all instructions for the Appendix as described in the SF424 (R&R) Application Guide.

7. Page Limitations

All page limitations described in this individual FOA must be followed. For this specific FOA, the Research Strategy component of the Research Plan narrative is limited to 20 pages. Supporting materials for the Research Plan narrative included as appendices may not exceed 10 PDF files with a maximum of 100 pages for all appendices.

8. Format for Attachments

Designed to maximize system-conducted validations, multiple separate attachments are required for a complete application. When the application is received by the agency, all submitted forms and all separate attachments are combined into a single document that is used by peer reviewers and agency staff. Applicants should ensure that all attachments are uploaded to the system.

CDC requires all text attachments to the Adobe application forms be submitted as PDFs and that all text attachments conform to the agency-specific formatting requirements noted in the SF424 (R&R) Application Guide (Part I, Section 2) (http://grants.nih.gov/grants/funding/424/SF424_RR_Guide_General_VerC.pdf).

9. Submission Dates & Times

Part I. Overview Information contains information about Key Dates. Applicants are encouraged to submit in advance of the deadline to ensure they have time to make any application corrections that might be necessary for successful submission.

Organizations must submit applications via [Grants.gov](http://www.grants.gov) (<http://www.grants.gov>), the online portal to find and apply for grants across all Federal agencies. The eRA Commons systems retrieve the application from Grants.gov and check the application against CDC business rules. If no errors are found, the application will be assembled in the eRA Commons for viewing by the applicant before moving on for further CDC processing.

If errors are found, the applicant will be notified in the eRA Commons. They must make required changes to the local copy of their application and submit again through Grants.gov.

Applicants are responsible for viewing their application in the eRA Commons to ensure accurate and

successful submission.

Once you can see your application in the Commons, be sure to review it carefully as this is what the reviewer will see. Applicants must then complete the submission process by tracking the status of the application in the eRA Commons ([http:// grants.nih.gov/grants /guide/url_redirect .htm? id=11123](http://grants.nih.gov/grants/guide/url_redirect.htm?id=11123)).

Information on the submission process is provided in the SF424 (R&R) Application Guide.

Note: HHS/CDC grant submission procedures do not provide a period of time beyond the grant application due date to correct any error or warning notices of noncompliance with application instructions that are identified by Grants.gov or eRA systems (i.e. error correction window).

The application package is not complete until it has passed the Grants.gov/eRA Commons validation process. This process and email notifications of receipt, validation or rejection may take two (2) business days.

Applicants are strongly encouraged to allocate additional time prior to the submission deadline to submit their applications and to correct errors identified in the validation process. Applicants are encouraged also to check the status of their application submission to determine if the application packages are complete and error-free. Applicants who encounter system errors when submitting their applications must attempt to resolve them by contacting the Grants.gov Contact Center (1-800-518-4726; support@grants.gov). If the system errors cannot be resolved, applicants must contact TIMS at 770-488-2700; pgotim@cdc.gov for guidance at least 3 calendar days before the deadline date.

After submission of your application package, applicants will receive a “submission receipt” email generated by Grants.gov. Grants.gov will then generate a second e-mail message to applicants which will either validate or reject their submitted application package. This validation process may take as long as two (2) business days. A third and final e-mail message is generated once the applicant’s application package has passed validation and the grantor has confirmed receipt of the application.

Unsuccessful Submissions: If an application submission was unsuccessful, *the applicant* must:

1. Track his/her submission and verify the submission status (tracking should be done initially regardless of rejection or success).
 - a. If the status states “*rejected*,” do #2a or #2b.
2. Check his/her emails from both Grants.gov and eRA Commons for rejection notices.
 - a. If the deadline has passed, he/she should email the Grant Management Specialist listed in the FOA (pgotim@cdc.gov) explaining why the submission failed. b. If there is time before the deadline, he/she should correct the problem(s) and resubmit as soon as possible.

Due Date for Applications: **02/17/2016**

Electronically submitted applications must be submitted no later than 5:00 p.m., ET, on the listed application due date.

10. Intergovernmental Review (E.O. 12372)

This initiative is not subject to intergovernmental review ([http:// www. whitehouse.gov/ omb/ grants_spoc](http://www.whitehouse.gov/omb/grants_spoc)).

11. Funding Restrictions

Funds relating to the conduct of research involving human subjects will be restricted until the appropriate assurances and Institutional Review Board approvals are in place.

Awardees may not use funds for any kind of impermissible lobbying activity designed to influence proposed or pending legislation, appropriations, regulations, administrative actions, or Executive Orders (“legislation and other orders”). These restrictions include grass roots lobbying efforts and direct lobbying. Certain activities within the normal and recognized executive-legislative relationships within the executive branch of that government are permissible. See Additional Requirement (AR) 12 for further guidance on this prohibition.

Travel expenses to Atlanta, GA to attend an annual 2 day YVPC grantee meeting should be included in the proposed budget.

12. Other Submission Requirements and Information

Applicants who apply to Cycle 1 of this FOA may resubmit an application for Cycle 2. However they must formally withdraw their initial application before they can reapply (See the following paragraph for more information). The resubmissions must include an introduction to the Research Plan as part of the application. The Introduction to the resubmission may be no more than one page and must include a summary of all additions, deletions, and changes to the old application and a response to reviewers' comments that address the criticisms in the summary statement.

Applications with sufficiently meritorious scores to warrant a recommendation for approval but did not receive a high enough priority score to be funded in Cycle 1 will be placed in Approved but Unfunded (ABU) status. These application will be eligible for funding in rank order should additional fiscal year 2015 funding become available. There is no assurance that an award will be made; therefore, no publicity should be given to the recommendation for approval nor any obligations incurred. If an award is not made within 12 months, the application will be destroyed or returned to the applicant upon request. Applications remaining in ABU status will not be eligible to resubmit their application in the second submission period unless they formally withdraw their application from ABU status. Applicants electing to withdraw their application from ABU status must do so within 30 days after receipt of the ABU letter. A withdrawn application that is fundamentally revised to qualify as new can be resubmitted during the second submission period for funding consideration. The new application is expected to be substantially different in content and scope with more significant differences than are normally encountered in an amended application.

Application Submission

Applications must be submitted electronically following the instructions described in the SF 424 (R&R) Application Guide. **PAPER APPLICATIONS WILL NOT BE ACCEPTED.**

Applicants must complete all required registrations before the application due date. Section III.6 "Required Registrations" contains information about registration.

For assistance with your electronic application or for more information on the electronic submission process, visit Applying Electronically (http://grants.nih.gov/grants/guide/url_redirect.htm?id=11144).

Important reminders: All PD/PIs must include their eRA Commons ID in the Credential field of the Senior/Key Person Profile Component of the SF 424(R&R) Application Package. Failure to register in the Commons and to include a valid PD/PI Commons ID in the credential field will prevent the successful submission of an electronic application to CDC.

The applicant organization must ensure that the DUNS number it provides on the application is the same number used in the organization's profile in the eRA Commons and for the System for Award Management (SAM). Additional information may be found in the SF424 (R&R) Application Guide. If the applicant has an FWA number, enter the 8-digit number. Do not enter the letters "FWA" before the number. If a Project/Performance Site is engaged in research involving human subjects, the applicant organization is responsible for ensuring that the Project/Performance Site operates under and appropriate Federal Wide Assurance for the protection of human subjects and complies with 45 CFR Part 46 and other CDC human subject related policies described in Part II of the SF 424 (R&R) Application Guide and in the HHS Grants Policy Statement.

See more resources to avoid common errors and submitting, tracking, and viewing applications: http://grants.nih.gov/grants/ElectronicReceipt/avoiding_errors.htm or http://grants.nih.gov/grants/ElectronicReceipt/submit_app.htm

Upon receipt, applications will be evaluated for completeness by the CDC Office of Grants Services (OGS) and responsiveness by OGS and the Center, Institute or Office of the CDC. Applications that are

incomplete and/or nonresponsive will not be reviewed.

Section V. Application Review Information

1. Criteria

Only the review criteria described below will be considered in the review process. As part of the CDC mission (<http://www.cdc.gov/about/organization/mission.htm>), all applications submitted to the CDC in support of public health research are evaluated for scientific and technical merit through the CDC peer review system.

Overall Impact

Reviewers will provide an overall impact/priority score to reflect their assessment of the likelihood for the project to exert a sustained, powerful influence on the research field(s) involved, in consideration of the following review criteria and additional review criteria (as applicable for the project proposed).

Scored Review Criteria

Reviewers will consider each of the review criteria below in the determination of scientific merit, and give a separate score for each. An application does not need to be strong in all categories to be judged likely to have major scientific impact. For example, a project that by its nature is not innovative may be essential to advance a field.

Significance

Does the project address an important problem or a critical barrier to progress in the field? If the aims of the project are achieved, how will scientific knowledge, technical capability, and/or clinical practice be improved? How will successful completion of the aims change the concepts, methods, technologies, treatments, services, or preventative interventions that drive this field?

Will successful completion of the proposed activities significantly advance current knowledge of the effectiveness of community- or policy-level strategies to prevent youth violence at the community level? Does the application include a clear description of a geographically defined community or set of communities and appropriately matched comparison communities (if relevant to applicant's proposed evaluation design)? Is there clear indication that the particular selected communities are experiencing a high burden of youth violence? Based on the description of the selected communities and prevention strategy, is there potential for the proposed prevention activities to have a positive impact on youth violence at the community level?

Investigator(s)

Are the PD/PIs, collaborators, and other researchers well suited to the project? Have they demonstrated an ongoing record of accomplishments that have advanced their field(s)? If the project is collaborative or multi-PD/PI, do the investigators have complementary and integrated expertise; are their leadership approach, governance and organizational structure appropriate for the project?

Are the PIs, project coordinator, collaborators, and other researchers well suited to the project? If Early Stage Investigators or New Investigators, do they have appropriate experience and training? If established, have they demonstrated an ongoing record of accomplishments that have advanced their field(s)? Does the application include adequate information on the project team's experience in conducting research consistent with that which is proposed in the application? Does the PI and/or Co-PI have prior experience conducting rigorous outcome evaluation research related to violence prevention or evaluating the effects of structural, environmental, or policy approaches on violence or related outcomes (e.g., crime) at the community level, as evidenced by at least one first-authored, peer-reviewed journal article? Does the PI and/or Co-PI have prior experience conducting research

on youth violence as evidenced by at least one first-authored, peer-reviewed journal article? Are their leadership approach, governance and organizational structure appropriate for the project? Does the PI have leadership and institutional authority to direct the activities of the YVPC? Is there a clearly explained staffing plan, with clearly defined roles and responsibilities? Does the applicant have demonstrated experience in conducting, evaluating, and publishing prevention and/or intervention research? Does the application include adequate information on the project team's experience in conducting research consistent with that proposed in the application? Does the applicant have reasonable physical proximity to the selected community (or set of communities) to accomplish the proposed work? In the absence of physical proximity, does the applicant have the necessary relationships in place to remotely implement the selected strategy and access data to conduct the proposed evaluation?

Innovation

Does the application challenge and seek to shift current research or clinical practice paradigms by utilizing novel theoretical concepts, approaches or methodologies, instrumentation, or interventions? Are the concepts, approaches or methodologies, instrumentation, or interventions novel to one field of research or novel in a broad sense? Is a refinement, improvement, or new application of theoretical concepts, approaches or methodologies, instrumentation, or interventions proposed?

Does the proposed research address either a community- or policy-level approach to preventing youth violence and describe an appropriate evaluation strategy for assessing effectiveness on youth violence outcomes? How likely is it that the proposed research will generate data that will lead to a firm conclusion about the effectiveness of the strategy? If multiple strategies are proposed, will the proposed research allow a firm conclusion about the effectiveness of each specific strategy? Does the proposed strategy or set of strategies represent a novel and innovative approach to the prevention of youth violence that is well-supported by provided theoretical support and a logic model?

Approach

Are the overall strategy, methodology, and analyses well-reasoned and appropriate to accomplish the specific aims of the project? Are potential problems, alternative strategies, and benchmarks for success presented? If the project is in the early stages of development, will the strategy establish feasibility and will particularly risky aspects be managed?

If the project involves clinical research, are there plans for 1) protection of human subjects from research risks, and 2) inclusion of minorities and members of both sexes/genders, as well as the inclusion of children, justified in terms of the scientific goals and research strategy proposed?

Does the applicant address the research objectives as stated in Section I? Does the strategy, or set of strategies, selected for evaluation have sufficient theoretical support to suggest that it may be effective in reducing youth violence? Is there theoretical or empirical evidence to support that the strategy may be of sufficient strength, dose, and reach to reasonably expect potential community-level impacts on youth violence outcomes, as measured? Is the proposed research design appropriate to answer the study questions? Does the research design allow for a rigorous examination of the effectiveness of the strategy in reducing youth violence? Are descriptions of sampling methods, sample size, power estimates and data collection methods well described, justified, and do they adequately address the central research question in the announcement? Is the proposed study sample representative of the community of interest with the potential to generalize to the broader population? Are there adequately complete plans for investigation of program fidelity and program exposure? Does the data analytic plan appropriately consider the level of intervention and data, and the design

of the study? Does the applicant provide evidence of the ability to obtain and/or access the data proposed? Does the plan specify how potential mediator and/or moderator variables, process or implementation data, and strategies to address potential threats to the internal and external validity of the evaluation design will be assessed? Does the proposal include plans to assess indicators or proxies for youth violence at the community level? If the proposal includes implementation of a new strategy, in addition to evaluation, how feasible is the implementation of the community- or policy-level prevention strategy as proposed? Is the setting for implementation appropriate? Does the proposed research anticipate and evaluate the effects of threats to the internal and external validity of the specified research design? Are analyses of potential unintended or adverse consequences of the strategy sufficient? Does the applicant provide evidence of the potential for widespread dissemination, implementation, and sustainability of the proposed strategy to ensure that the approach, if effective, could be implemented and sustained by communities (i.e., without prohibitive costs or resources), including plans to ensure that the program, strategy, or policy is sufficiently documented to allow for replication or dissemination in other settings?

Environment

Will the scientific environment in which the work will be done contribute to the probability of success? Are the institutional support, equipment and other physical resources available to the investigators adequate for the project proposed? Will the project benefit from unique features of the scientific environment, subject populations, or collaborative arrangements?

Does the application include a description of the administrative organization of the YVPC and institutional capacity to conduct all proposed activities? Does the proposed evaluation benefit from unique features of the scientific environment, or subject populations, or employ useful collaborative arrangements? Is there appropriate evidence of community support by key city and community leaders and stakeholders for the YVPC and buy-in to the proposed activities proposed as evidenced through specific, detailed letters of support from community members and/or other key partners? Do the letters of support include one from the public health department (city, county, or state) that serves the selected community or set of communities? Do the letters of support or memoranda of understanding include detailed information about the nature of existing relationships? Do they include the anticipated extent of involvement and scope of work to which the organization is willing to commit? Does the applicant demonstrate a willingness to participate in the YVPC Network, including collaborating with other YVPCs to identify common indicators of youth violence and community capacity/readiness? Does the applicant demonstrate a willingness to participate in the NCIPC PI Network?

2. Additional Review Criteria

As applicable for the project proposed, *reviewers will evaluate* the following additional items while determining scientific and technical merit, and in providing an overall impact/priority score, but *will not give separate scores* for these items.

Protections for Human Subjects If the research involves human subjects but does not involve one of the six categories of research that are exempt under [45 CFR Part 46](#), the committee will evaluate the justification for involvement of human subjects and the proposed protections from research risk relating to their participation according to the following five review criteria: 1) risk to subjects, 2) adequacy of protection against risks, 3) potential benefits to the subjects and others, 4) importance of the knowledge to be gained, and 5) data and safety monitoring for clinical trials.

For research that involves human subjects and meets the criteria for one or more of the six categories of research that are exempt under 45 CFR Part 46, the committee will evaluate: 1) the justification for the exemption, 2) human subjects involvement and characteristics, and 3) sources of materials. For additional

information on review of the Human Subjects section, please refer to the HHS/CDC Requirements under AR-1 Human Subjects Requirements

(<http://www.cdc.gov/grants/additionalrequirements/index.html>).

If your proposed research involves the use of human data and/or biological specimens, you must provide a justification for your claim that no human subjects are involved in the Protection of Human Subjects section of the Research Plan.

Inclusion of Women, Minorities, and Children When the proposed project involves clinical research, the committee will evaluate the proposed plans for inclusion of minorities and members of both genders, as well as the inclusion of children. For additional information on review of the Inclusion section, please refer to the policy on the Inclusion of Women and Racial and Ethnic Minorities in Research (http://www.cdc.gov/maso/Policy/Policy_women.pdf) and <http://www.gpo.gov/fdsys/pkg/FR-1995-09-15/pdf/95-22950.pdf#page=1>) and the policy on the Inclusion of Persons Under 21 in Research (<http://www.cdc.gov/maso/Policy/policy496.pdf>).

Vertebrate Animals The committee will evaluate the involvement of live vertebrate animals as part of the scientific assessment according to the following five points: 1) proposed use of the animals, and species, strains, ages, sex, and numbers to be used; 2) justifications for the use of animals and for the appropriateness of the species and numbers proposed; 3) adequacy of veterinary care; 4) procedures for limiting discomfort, distress, pain and injury to that which is unavoidable in the conduct of scientifically sound research including the use of analgesic, anesthetic, and tranquilizing drugs and/or comfortable restraining devices; and 5) methods of euthanasia and reason for selection if not consistent with the AVMA Guidelines on Euthanasia. For additional information on review of the Vertebrate Animals section, please refer to the Worksheet for Review of the Vertebrate Animal Section (http://grants.nih.gov/grants/guide/url_redirect.htm?id=11150).

Biohazards Reviewers will assess whether materials or procedures proposed are potentially hazardous to research personnel and/or the environment, and if needed, determine whether adequate protection is proposed.

Dual Use Research of Concern Reviewers will identify whether the project involves one of the agents or toxins described in the US Government Policy for the Institutional Oversight of Life Sciences Dual Use Research of Concern, and, if so, whether the applicant has identified an IRE to assess the project for DURC potential and develop mitigation strategies if needed.

For more information about this Policy and other policies regarding dual use research of concern, visit the U.S. Government Science, Safety, Security (S3) website at: <http://www.phe.gov/s3/dualuse>. Tools and guidance for assessing DURC potential may be found at: <http://www.phe.gov/s3/dual-use/Pages/companion-guide.aspx>.

3. Additional Review Considerations

As applicable for the project proposed, reviewers will consider each of the following items, but *will not give scores* for these items, and should not consider them in providing an overall impact/priority score.

Resource Sharing Plans HHS/CDC policy requires that recipients of grant awards make research resources and data readily available for research purposes to qualified individuals within the scientific community after publication. Please see: <http://www.cdc.gov/grants/additionalrequirements/index.html>. Investigators responding to this funding opportunity should include a plan on sharing research resources and data.

Budget and Period of Support Reviewers will consider whether the budget and the requested period of support are fully justified and reasonable in relation to the proposed research. The applicant can obtain guidance for completing a detailed justified budget on the CDC website, at the following Internet

address: <http://www.cdc.gov/grants/interestedinapplying/applicationresources.html>

4. Review and Selection Process

Applications will be evaluated for scientific and technical merit by an appropriate peer review group, in accordance with CDC peer review policy and procedures, using the stated review criteria.

As part of the scientific peer review, all applications:

- Will undergo a selection process in which only those applications deemed to have the highest scientific and technical merit (generally the top half of applications under review), will be discussed and assigned an overall impact/priority score.
- Will receive a written critique.

Applications will be assigned to the appropriate HHS/CDC Center, Institute, or Office. Applications will compete for available funds with all other recommended applications submitted in response to this FOA. Following initial peer review, recommended applications will receive a second level of review. The following will be considered in making funding decisions:

- Scientific and technical merit of the proposed project as determined by scientific peer review.
- Availability of funds.
- Relevance of the proposed project to program priorities.
- Geographic balance is desirable and may be considered in making final selection decisions

5. Anticipated Announcement and Award Dates

After the peer review of the application is completed, the PD/PI will be able to access his or her Summary Statement (written critique) and other pertinent information via the eRA Commons.

Section VI. Award Administration Information

1. Award Notices

Any applications awarded in response to this FOA will be subject to the DUNS, SAM Registration, and Transparency Act requirements. If the application is under consideration for funding, HHS/CDC will request "just-in-time" information from the applicant as described in the HHS Grants Policy Statement (<http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf>).

A formal notification in the form of a Notice of Award (NoA) will be provided to the applicant organization for successful applications. The NoA signed by the Grants Management Officer is the authorizing document and will be sent via email to the grantee's business official.

Awardees must comply with any funding restrictions as described in Section IV.11. Funding Restrictions. Selection of an application for award is not an authorization to begin performance. Any costs incurred before receipt of the NoA are at the recipient's risk. These costs may be allowable as an expanded authority, but only if authorized by CDC.

2. CDC Administrative Requirements

Overview of Terms and Conditions of Award and Requirements for Specific Types of Grants

All HHS/CDC grant and cooperative agreement awards include the HHS Grants Policy Statement as part of the NoA. For these terms of award, see the HHS Grants Policy Statement Part II: Terms and Conditions of Award (<http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf>).

Awardees must comply with the administrative requirements (AR) outlined in 45 Code of Federal

Regulations (CFR) Part 75, as appropriate, as well as any additional requirements included in the FOA. Specific requirements that apply to this FOA are the following:

Generally applicable ARs:

AR-1: Human Subjects Requirements

AR-2: Inclusion of Women and Racial and Ethnic Minorities in Research

AR-7: Executive Order 12372 Review

AR-9: Paperwork Reduction Act Requirements

AR-10: Smoke-Free Workplace Requirements

AR-11: Healthy People 2010

AR-12: Lobbying Restrictions

AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities

AR-14: Accounting System Requirements

AR-16: Security Clearance Requirement

AR-17: Peer and Technical Reviews of Final Reports of Health Studies – ATSDR

AR-21: Small, Minority, And Women-owned Business

AR-22: Research Integrity

AR-24: Health Insurance Portability and Accountability Act Requirements

AR-25: Release and Sharing of Data

AR-26: National Historic Preservation Act of 1966

AR-28: Inclusion of Persons Under the Age of 21 in Research

AR-29: Compliance with EO13513, “Federal Leadership on Reducing Text Messaging while Driving”, October 1, 2009

AR-30: Information Letter 10-006, - Compliance with Section 508 of the Rehabilitation Act of 1973

AR 31 - Distinguishing Public Health Research and Public Health Nonresearch

AR 32 – FY 2012 Enacted General Provisions

Organization Specific ARs:

AR-8: Public Health System Reporting Requirements

AR-15: Proof of Non-profit Status

AR 23: Compliance with 45 C.F.R. Part 87

For more information on the Code of Federal Regulations, visit the National Archives and Records Administration at: <http://www.archives.gov/>. To view brief descriptions of relevant CDC requirements visit: http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm.

3. Additional Policy Requirements

The following are additional policy requirements relevant to this FOA:

HHS Policy on Promoting Efficient Spending: Use of Appropriated Funds for Conferences and Meetings, Food, Promotional Items and Printing Publications This policy supports the Executive Order on Promoting Efficient Spending (EO 13589), the Executive Order on Delivering and Efficient, Effective, and Accountable Government (EO 13576) and the Office of Management and Budget Memorandum on

Eliminating Excess Conference Spending and Promoting Efficiency in Government (M-35-11). This policy apply to all new obligations and all funds appropriated by Congress. For more information, visit the HHS website at: <http://www.hhs.gov/grants/contracts/contract-policies-regulations/efficient-spending/index.html>.

Federal Funding Accountability and Transparency Act of 2006 Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252, requires full disclosure of all entities and organizations receiving Federal funds including grants, contracts, loans and other assistance and payments through a single, publicly accessible website, www.usaspending.gov. For the full text of the requirements, please review the following website: <https://www.fsr.gov/>.

Plain Writing Act The Plain Writing Act of 2010, Public Law 111-274 was signed into law on October 13, 2010. The law requires that federal agencies use "clear Government communication that the public can understand and use" and requires the federal government to write all new publications, forms, and publicly distributed documents in a "clear, concise, well-organized" manner. For more information on this law, go to: <http://www.plainlanguage.gov/pLLaw/index.cfm>.

Tobacco and Nutrition Policies The CDC supports implementing evidence-based programs and policies to reduce tobacco use and secondhand smoke exposure, and to promote healthy nutrition. CDC encourages all awardees to implement the following *optional* evidence-based tobacco and nutrition policies within their organizations. These policies build on the current federal commitment to reduce exposure to secondhand smoke, which includes The Pro-Children Act, 20 U.S.C. 7181-7184 that prohibits smoking in certain facilities that receive federal funds.

Tobacco:

- Tobacco-free indoors – no use of any tobacco products (including smokeless tobacco) or electronic cigarettes in any indoor facilities under the control of the applicant.
- Tobacco-free indoors and in adjacent outdoor areas – no use of any tobacco products or electronic cigarettes in any indoor facilities, within 50 feet of doorways and air intake ducts, and in courtyards under the control of the applicant.
- Tobacco-free campus – no use of any tobacco products or electronic cigarettes in any indoor facilities and anywhere on grounds or in outdoor space under the control of the applicant.

Nutrition:

- Healthy food service guidelines that at a minimum align with Health and Human Services and General Services Administration Health and Sustainability Guidelines for Federal Concessions and Vending Operations for cafeterias, snack bars, and vending machines in any facility under the control of the recipient organization and in accordance with contractual obligations for these services. The following are resources for healthy eating and tobacco free workplaces:

- http://www.gsa.gov/graphics/pbs/Guidelines_for_Federal_Concessions_and_Vending_Operations.pdf
- <http://www.cdc.gov/nccdphp/dnpao/hwi/toolkits/tobacco/index.htm>
- <http://www.cdc.gov/obesity/strategies/food-serv-guide.html>

Applicants should state whether they choose to participate in implementing these two optional policies. However, no applicants will be evaluated or scored on whether they choose to participate in implementing these optional policies.

Pilot Program for Enhancement of Employee Whistleblower Protections All applicants will be subject to a term and condition that applies the terms of 48 CFR section 3.908 to the award and requires that grantees inform their employees in writing (in the predominant native language of the workforce) of employee whistleblower rights and protections under 41 U.S.C. 4712.

Copyright Interests Provision This provision is intended to ensure that the public has access to the results and accomplishments of public health activities funded by CDC. Pursuant to applicable grant regulations and CDC's Public Access Policy, Recipient agrees to submit into the National Institutes of Health (NIH) Manuscript Submission (NIHMS) system an electronic version of the final, peer-reviewed manuscript of any such work developed under this award upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication. Also at the time of submission, Recipient and/or the Recipient's submitting author must specify the date the final manuscript will be publicly accessible through PubMed Central (PMC). Recipient and/or Recipient's submitting author must also post the manuscript through PMC within twelve (12) months of the publisher's official date of final publication; however the author is strongly encouraged to make the subject manuscript available as soon as possible. The recipient must obtain prior approval from the CDC for any exception to this provision. The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication, and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting authors working under this award are responsible for ensuring that any publishing or copyright agreements concerning submitted articles reserve adequate right to fully comply with this provision and the license reserved by CDC. The manuscript will be hosted in both PMC and the CDC Stacks institutional repository system. In progress reports for this award, recipient must identify publications subject to the CDC Public Access Policy by using the applicable NIHMS identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

Language Access for Persons with Limited English Proficiency Recipients of federal financial assistance from HHS must administer their programs in compliance with federal civil rights law. This means that recipients of HHS funds must ensure equal access to their programs without regard to a person's race, color, national origin, disability, age and, in some circumstances, sex and religion. This includes ensuring your programs are accessible to persons with limited English proficiency. Recipients of federal financial assistance must take the reasonable steps to provide meaningful access to their programs by persons with limited English proficiency.

Dual Use Research of Concern On September 24, 2014, the US Government Policy for the Institutional Oversight of Life Sciences Dual Use Research of Concern was released. Grantees (foreign and domestic) receiving CDC funding on or after September 24, 2015 are subject to this policy. Research funded by CDC involving the agents or toxins named in the policy, must be reviewed to determine if it involves one or more of the listed experimental effects and if so, whether it meets the definition of DURC. This review must be completed by an Institutional Review Entity (IRE) identified by the funded institution. Recipients also must establish an Institutional Contact for Dual Use Research (ICDUR). The award recipient must maintain records of institutional DURC reviews and completed risk mitigation plans for the term of the research grant, cooperative agreement or contract plus three years after its completion, but no less than eight years, unless a shorter period is required by law or regulation. If a project is determined to be DURC, a risk/benefit analysis must be completed. CDC will work collaboratively with the award recipient to develop a risk mitigation plan that the CDC must approve. The USG policy can be found at <http://www.phe.gov/s3/dualuse>. Non-compliance with this Policy may result in suspension, limitation, restriction or termination of USG funding, or loss of future USG funding opportunities for the non-compliant USG-funded research project and of USG funds for other life sciences research at the institution, consistent with existing regulations and policies governing USG funded research, and may subject the institution to other potential penalties under applicable laws and regulations.

4. Cooperative Agreement Terms and Conditions of Award

The following special terms of award are in addition to, and not in lieu of, otherwise applicable U.S. Office of Management and Budget (OMB) administrative guidelines, U.S. Department of Health and Human Services (DHHS) grant administration regulations at 45 CFR Parts 74 and 92 (Part 92 is applicable when State and local Governments are eligible to apply), and other HHS, PHS, and CDC grant administration policies.

The administrative and funding instrument used for this program will be the cooperative agreement, an "assistance" mechanism (rather than an "acquisition" mechanism), in which substantial CDC programmatic involvement with the awardees is anticipated during the performance of the activities. Under the cooperative agreement, the HHS/CDC purpose is to support and stimulate the recipients' activities by involvement in and otherwise working jointly with the award recipients in a partnership role; CDC Project Officers are not to assume direction, prime responsibility, or a dominant role in the activities. Consistent with this concept, the dominant role and prime responsibility resides with the awardees for the project as a whole, although specific tasks and activities may be shared among the awardees and HHS/CDC as defined below.

This FOA is for a cooperative agreement. Under the cooperative agreement mechanism, the Centers for Disease Control and Prevention's (CDC) purpose is to support the awardee's activities. Approval by the Office of Management and Budget (OMB) under the Paperwork Reduction Act (PRA) may apply. PRA applicability will depend on level of CDC involvement with the development, collection and management of information/data.

The PD(s)/PI(s) will have the primary responsibility for:

- Designing and conducting research to address the described research objectives of this cooperative agreement.
- Partnering effectively with any outside entities expected to participate in the proposed research. Such partnerships should be well-defined and documented by letters of support or Memoranda of Understanding detailing the nature and extent of involvement.
- Establishing goals and objectives that are realistic, measureable, and time-oriented for all phases of the project.
- Collaborating with CDC in the design and implementation of research and the analysis, interpretation, and dissemination of study findings.
- Providing CDC scientific collaboration staff with the Recipient's proposed protocols immediately upon notification of the grant award by formally granting access to the Recipient's grant application through an E-mail or other official notification.
- Developing a research protocol involving human subjects for Institutional Review Board (IRB) review and approval by all cooperating institutions participating in the research project, including CDC if applicable.
- Designing and developing evaluation protocols, instruments, and data management procedures in consultation with CDC.
- Analyzing data and disseminating findings in peer-reviewed journals and presentations at scientific conferences and other meetings in consultation with CDC.
- Translating and disseminating key findings and recommendations for practice to the youth violence prevention field in collaboration with partner(s) and CDC.
- Participating in one reverse site visit with CDC in Atlanta on an annual basis.

Recipient Organization will retain custody of and have primary rights to the data and software developed under these awards, subject to Government rights of access consistent with current DHHS, PHS, and CDC policies.

CDC staff have substantial programmatic involvement that is above and beyond the normal stewardship role in awards, as described below:

- Providing technical assistance in designing implementation and evaluation protocols (e.g., for

- sampling, recruitment, assessment, and data management).
- Participating in the analysis, interpretation, and dissemination of study findings.
- Collaborating with the grantee to ensure human subjects assurances are in place as needed. As necessary, collaborating in the development or amendment of a research protocol involving human subjects for Institutional Review Board (IRB) review by all collaborating institutions, including CDC if applicable. Obtaining IRB approvals as required by CDC when CDC is engaged in research involving human subjects. If applicable, the CDC IRB will review the protocol initially and on an annual basis until the project is complete.
- Monitoring and evaluating the scientific and operational accomplishments of the project through conference calls, site visits, and review of technical reports.
- Providing ongoing technical assistance, as needed.

Additionally, an agency program official or CIO program director will be responsible for the normal scientific and programmatic stewardship of the award and will be named in the award notice.

The recipient agrees that upon award, their application and the summary of reviewers' comments will be shared with the CDC staff, who will provide technical assistance as described above. Recipient Organization will retain custody of and have primary rights to the information, data and software developed under this award, subject to U.S. Government rights of access consistent with current HHS/CDC policies.

5. Reporting

Awardees will be required to submit the [Non-Competing Continuation Grant Progress Report \(PHS 2590\)](#) annually and financial statements as required in the HHS Grants Policy Statement.

A final progress report, invention statement, equipment inventory list and the expenditure data portion of the Federal Financial Report are required for closeout of an award, as described in the HHS Grants Policy Statement.

Although the financial plans of the HHS/CDC CIO(s) provide support for this program, awards pursuant to this funding opportunity depend upon 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.

The Federal Funding Accountability and Transparency Act of 2006 (Transparency Act), includes a requirement for awardees of Federal grants to report information about first-tier subawards and executive compensation under Federal assistance awards issued in FY2011 or later.

Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by recipients: **1) information on executive compensation when not already reported through the SAM Registration; and 2) similar information on all sub-awards/ subcontracts/ consortiums over \$25,000.** It is a requirement for awardees of Federal grants to report information about first-tier subawards and executive compensation under Federal assistance awards issued in FY2011 or later. All awardees of applicable CDC grants and cooperative agreements are required to report to the Federal Subaward Reporting System (FSRS) available at www.fsr.gov on all subawards over \$25,000. See the HHS Grants Policy Statement (<http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf>) for additional information on this reporting requirement.

A. Submission of Reports

The Recipient Organization must provide HHS/CDC with an original, plus one hard copy of the following reports:

1. **Yearly Non-Competing Grant Progress Report**, (use form PHS 2590, posted on the HHS/CDC website, www.grants.gov and at <http://grants.nih.gov/grants/funding/2590/2590.htm>, **is due 90 to 120 days prior to the end of the current budget period.** The progress report will serve as the non-competing continuation application. Although the financial plans of the HHS/CDC CIO(s)

provide support for this program, awards pursuant to this funding opportunity are contingent upon 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.

2. **Annual Federal Financial Report (FFR)** SF 425 is required and must be submitted through eRA Commons **within 90 days after the end of the calendar quarter in which the budget period ends.**
3. **A final progress report**, invention statement, equipment/inventory report, and the final FFR are required **90 days after the end of the project period.**

B. Content of Reports

1. Yearly Non-Competing Grant Progress Report: The grantee's continuation application/progress report should include:

- Description of Progress during Annual Budget Period: Current Budget Period Progress reported on the PHS 2590 ([http:// grants1.nih.gov/ grants/funding/ 2590/2590.htm](http://grants1.nih.gov/grants/funding/2590/2590.htm))
[http:// grants.nih.gov/grants/ funding/2590/2590.htm](http://grants.nih.gov/grants/funding/2590/2590.htm): Detailed narrative report for the current budget period that directly addresses progress towards the Measures of Effectiveness included in the current budget period proposal.
- Research Aims: list each research aim/project
 - a) Research Aim/Project: purpose, status (met, ongoing, and unmet), challenges, successes, and lessons learned
 - b) Leadership/Partnership: list project collaborations and describe the role of external partners.
- Translation of Research (1 page maximum). When relevant to the goals of the research project, the PI should describe how the significant findings may be used to promote, enhance, or advance translation of the research into practice or may be used to inform public health policy. This section should be understandable to a variety of audiences, including policy makers, practitioners, public health programs, healthcare institutions, professional organizations, community groups, researchers, and other potential users. The PI should identify the research findings that were translated into public health policy or practice and how the findings have been or may be adopted in public health settings. Or, if they cannot be applied yet, this section should address which research findings may be translated, how these findings can guide future research or related activities, and recommendations for translation. If relevant, describe how the results of this project could be generalized to populations and communities outside of the study. *Questions to consider in preparing this section include:*
 - How will the scientific findings be translated into public health practice or inform public health policy?
 - How will the project improve or effect the translation of research findings into public health practice or inform policy?
 - How will the research findings help promote or accelerate the dissemination, implementation, or diffusion of improvements in public health programs or practices?
 - How will the findings advance or guide future research efforts or related activities?
- Public Health Relevance and Impact (1 page maximum). This section should address improvements in public health as measured by documented or anticipated outcomes from the project. The PI should consider how the findings of the project relate beyond the immediate study to improved practices, prevention or intervention techniques, inform policy, or use of technology in public health. *Questions to consider in preparing this section include:*

- How will this project lead to improvements in public health?
- How will the findings, results, or recommendations been used to influence practices, procedures, methodologies, etc.?
- How will the findings, results, or recommendations contributed to documented or projected reductions in morbidity, mortality, injury, disability, or disease?
- Current Budget Period Financial Progress: Status of obligation of current budget period funds and an estimate of unobligated funds projected provided on an estimated FFR.
- New Budget Period Proposal:
 - Detailed operational plan for continuing activities in the upcoming budget period, including updated Measures of Effectiveness for evaluating progress during the upcoming budget period. Report listed by Research Aim/Project.
 - Project Timeline: Include planned milestones for the upcoming year (be specific and provide deadlines).
- New Budget Period Budget: Detailed line-item budget and budget justification for the new budget period. Use the CDC budget guideline format.
- Publications/Presentations: Include publications/presentations resulting from this CDC grant only during this budget period. If no publication or presentations have been made at this stage in the project, simply indicate "Not applicable: No publications or presentations have been made."
- IRB Approval Certification: Include all current IRB approvals to avoid a funding restriction on your award. If the research does not involve human subjects, then please state so. Please provide a copy of the most recent local IRB and CDC IRB, if applicable. If any approval is still pending at time of APR due date, indicate the status in your narrative.

2. Annual Federal Financial Reporting:

The Annual Federal Financial Report (FFR) SF 425 is required and must be submitted through eRA Commons within 90 days after the end of the calendar quarter in which the budget period ends. The FFR should only include those funds authorized and disbursed during the timeframe covered by the report. The final FFR must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the Payment Management System's (PMS) cash transaction data.

Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to submit a letter explaining the reason and date by which the Grants Officer will receive the information. **All CDC Financial Expenditure data due on/after October 1, 2012 must be submitted using the FFR via the eFSR/FFR system in the eRA Commons.** All Federal Reporting in the Payment Management System is unchanged. All new submissions should be prepared and submitted as FFRs.

CDC's implementation of the FFR retains a financial reporting period that coincides with the budget period of a particular project. However, **the due date for annual FFRs will be 90 days after the end of the calendar quarter in which the budget period ends.** Note that this is a change in due dates of annual FFRs and may provide up to 60 additional days to report, depending upon when the budget period end date falls within a calendar quarter. For example, if the budget period ends 1/30/2012, the annual FFR is due 6/30/2012 (90 days after the end of the calendar quarter of 3/31/2012). Due dates of final reports will remain unchanged. The due date for final FFRs will continue to be 90 days after the project period end date.

Grantees must submit closeout reports in a timely manner. Unless the Grants Management Officer (GMO) of the awarding Institute or Center approves an extension, grantees must submit a final FFR, final progress report, and Final Invention Statement and Certification within 90 days of the end of grant period. Failure to

submit timely and accurate final reports may affect future funding to the organization or awards under the direction of the same Project Director/Principal Investigator (PD/PI).

FFR (SF 425) instructions for CDC grantees are now available at [http:// grants.nih.gov/ grants/forms.htm](http://grants.nih.gov/grants/forms.htm). For further information, contact GrantsInfo@nih.gov. Additional resources concerning the eFSR/FFR system, including a User Guide and an on-line demonstration, can be found on the eRA Commons Support Page: https://era.nih.gov/registration_accounts.cfm

FFR Submission: The submission of FFRs to CDC will require organizations to register with eRA Commons (Commons) ([https:// commons. era.nih.gov/ commons/](https://commons.era.nih.gov/commons/)). CDC recommends that this one time registration process be completed at least 2 weeks prior to the submittal date of a FFR submission.

Organizations may verify their current registration status by running the “List of Commons Registered Organizations” query found at: https://era.nih.gov/registration_accounts.cfm. Organizations not yet registered can go to [https:// commons. era.nih.gov/ commons/ registration/ registrationInstructions. jsp](https://commons.era.nih.gov/commons/registration/registrationInstructions.jsp) for instructions. It generally takes several days to complete this registration process. This registration is independent of Grants.gov and may be done at any time.

The individual designated as the PI on the application must also be registered in the Commons. The PI must hold a PI account and be affiliated with the applicant organization. This registration must be done by an organizational official or their delegate who is already registered in the Commons. To register PIs in the Commons, refer to the eRA Commons User Guide found at: [http:// era.nih.gov/ commons /index.cfm](http://era.nih.gov/commons/index.cfm).

3. Final Reports: Final reports should provide sufficient detail for CDC to determine if the stated outcomes for the funded research have been achieved and if the research findings resulted in public health impact based on the investment. The grantee’s final report should include:

- **Research Aim/Project Overview:** The PI should describe the purpose and approach to the project, including the outcomes, methodology and related analyses. Include a discussion of the challenges, successes and lessons learned. Describe the collaborations/partnerships and the role of each external partner.
- **Translation of Research Findings:** The PI should describe how the findings will be translated and how they will be used to inform policy or promote, enhance or advance the impact on public health practice. This section should be understandable to a variety of audiences, including policy makers, practitioners, public health programs, healthcare institutions, professional organizations, community groups, researchers and other potential end users. The PI should also provide a discussion of any research findings that informed policy or practice during the course of the project period. If applicable, describe how the findings could be generalized and scaled to populations and communities outside of the funded project.
- **Public Health Relevance and Impact:** This section should address improvements in public health as measured by documented or anticipated outcomes from the project. The PI should consider how the findings of the project related beyond the immediate study to improved practices, prevention or intervention techniques, or informed policy, technology or systems improvements in public health.
- **Publications; Presentations; Media Coverage:** Include information regarding all publications, presentations or media coverage resulting from this CDC funded activity. Please include any additional dissemination efforts that did or will result from the project.

Section VII. Agency Contacts

We encourage inquiries concerning this funding opportunity and welcome the opportunity to answer questions from potential applicants.

Application Submission Contacts

[Grants.gov Customer Support](#) (Questions regarding Grants.gov registration and submission, downloading or navigating forms)

Contact Center Phone: 800-518-4726

Email: support@grants.gov

Hours: 24 hours a day, 7 days a week; closed on Federal holidays

[eRA Commons Help Desk](#) (Questions regarding eRA Commons registration, tracking application status, post submission issues, FFR submission)

Phone: 301-402-7469 or 866-504-9552 (Toll Free)

TTY: 301-451-5939

Email: commons@od.nih.gov

Hours: Monday - Friday, 7am - 8pm U.S. Eastern Time

CDC Technical Information Management Section (TIMS)

Telephone 770-488-2700

Email: PGOTIM@cdc.gov

Hours: Monday - Friday, 7am - 4:30pm U.S. Eastern Time

Scientific/Research Contact(s)

Daniel Holcomb

National Center for Injury Prevention and Control (NCIPC)

Telephone: 770-488-1556

Email: dwh6@cdc.gov

Peer Review Contact(s)

M. Chris Langub, Ph.D.

National Center for Injury Prevention and Control (NCIPC)

Telephone: 770-488-3585

Email: MLangub@cdc.gov

Financial/Grants Management Contact(s)

Shicann Phillips, Grants Management Officer

CDC Procurement and Grants Office (PGO)

Telephone: 770-488-2809

Email: SPhillips2@cdc.gov

Section VIII. Other Information

Other CDC funding opportunity announcements can be found at www.grants.gov.

All awards are subject to the terms and conditions, cost principles, and other considerations described in the HHS Grants Policy Statement.

Authority and Regulations

Awards are made under the authorization of Sections of the Public Health Service Act as amended and under the Code Federal Regulations.

Successful grantees will be permitted expanded authorities in the administration of this award as provided for in the Code of Federal Regulations, Title 2, Subtitle A, Chapter II, Part 200, Subpart D, §200.308(d)(4).

Additional Information on Eligibility Requirements for this FOA

To be considered responsive to this announcement, the applicant institution must provide:

- Documentation of a high-burden community, or set of communities, with a high prevalence of violent behavior, injury and death (e.g., juvenile rates of fighting, juvenile arrest rates for violent offenses, homicide rates among ages 10-24, emergency department data on violence-related injuries among youth, and school data on disciplinary incidents involving violence). To demonstrate a community is high-burden, applicants must document high prevalence rates using available information at the community level (e.g., administrative data, vital statistics, community surveys, or other appropriate documentation). The prevalence rate of youth violence in the designated high-burden community or set of communities should be stated in the abstract.
- Documentation that the Principal Investigator and/or Co-Principal Investigator have prior experience conducting empirical research with direct relevance to the focus area addressed in the application as evidenced by at least one relevant first-authored, peer-reviewed journal article. Applicants should clearly identify the relevant publications in their SF 424 Biographical Sketch.
- Documentation of prior experience evaluating the effects of community-level and/or policy-level prevention strategies is required. Experience requirements may be demonstrated through the combined experiences of a Principal Investigator, Co-Principal Investigator, and/or statistical consultant.
- Documentation of a partnership with the public health department (city, county, or state) that serves the selected defined community or communities. Letters of commitment or a memoranda of understanding (MOU) from the relevant public health department should be included. Letters from the health department should outline specific agreements with respect to the roles and responsibilities of staff from the proposed YVPC and public health department. Note that a prior relationship or a previous collaboration with the public health department is *not* necessary for the present application, and the description of the proposed partnerships may take any form proposed by applicants that match the capacity, needs, and expertise of the health departments. For example, applicants may propose to partner with public health departments to implement the selected prevention strategies; share youth violence-related data; serve in mutual advisory capacities; identify opportunities for prevention planning, etc. Letters of commitment or memoranda of understanding should be included in the Letters of Support section of the application.
- Documentation of effective and well-defined working relationships with any other organization and/or outside entities expected to participate in the proposed research that will ensure implementation and sustainability of the proposed activities. This should be evidenced by letters of support or memoranda of understanding detailing the nature and extent of the involvement from the performing organization and outside entities. The letters of support or memoranda of understanding (MOU) should include detailed information about the nature of existing relationships. They should also include the anticipated extent of involvement and scope of work to which the organization is willing to commit. Letters of support or memoranda of understanding should be included in the Letters of Support section of the application. At a minimum, applicants are required to provide a detailed letter of support or MOU from at least one state or local organization, as outlined in this announcement.

There must be an overall match between the proposed objectives as described in the applicant's abstract and the Research Objectives of this FOA as described in Section I under the heading, "Research Objectives." Applications proposing implementation and evaluation of criminal and/or justice interventions will be considered nonresponsive. Applications proposing evaluation of community-based prevention strategies or strategies that target only individual or relationship factors will be considered nonresponsive.

An applicant institution can submit more than one application in response to this FOA, but may not submit more than one application with the same principal investigator. Only one application per principal investigator will be funded under this announcement.

Applicants funded under past iterations of the YVPCs (or ACEs) are eligible to apply to this FOA. Applicants currently funded under RFA-CE-10-004 Cooperative Agreement Program for the National Academic Centers of Excellence in Youth Violence Prevention are eligible to apply to this FOA with the following provisions; 1) Current awardees whose funding ends in September of 2015 are eligible to apply for either cycle of this FOA; 2) Current awardees whose funding ends in September of 2016 are eligible to apply for cycle 2 only. Unsuccessful applicants for cycle 1 of this FOA may resubmit an application for Cycle 2 provided their application for cycle 1 is formally withdrawn from consideration.

The principal investigator (PI) must designate a full-time project coordinator with substantial experience, education, training, and credentials in project management, whose primary responsibility will be coordination of operations and logistics, and who will communicate directly with CDC scientific and programmatic staff. The PI and project coordinator will ensure that all components of the proposed work are carried out with fidelity, will document and notify CDC within three business days of any deviations from project protocol (including plans for revision and remediation when appropriate), will participate on monthly calls with CDC staff, will attend the annual reverse site visits in Atlanta, and will participate in site visits by CDC staff to the PI's institution.

Amendment 1

The purpose of Amendment 1 to this FOA is to provide additional clarifying information based on questions received from potential applicants during the Pre-Application Conference Call held on February 19, 2015.

A second purpose for Amendment 1 is to announcement a second pre-application teleconference call that will be held on March 19, 2015, from 2:00– 3:00 PM Eastern Time to address prospective applicants' questions regarding the FOA. Please see "Executive Summary, Special Dates" on page 4 of this FOA for more information on the second pre-application teleconference call.

Questions and answers from potential applicants during the pre-application informational conference call conducted on February 19, 2015.

Please note that the questions and answers below do not represent an actual transcript of the conversation. The questions and answers have been edited for both accuracy and clarity.

Q1. Will applicants that apply to this FOA be in competition with the currently funded YVPCs?

A1. Applicants funded under past iterations of the YVPCs (or ACEs) that are not currently funded are eligible to apply to this FOA. Applicants currently funded under CE-10-004 are eligible to apply with the following provisions; 1) Current awardees whose funding ends in September of 2015 are eligible to apply for either cycle of this FOA; 2) Current awardees whose funding ends in September of 2016 are eligible to apply for cycle 2 only.

Q2. Item 7 of the Responsiveness Criteria on Page 17 of the FOA states “Applications proposing implementation and evaluation of criminal and/or justice interventions will be considered nonresponsive.” Does this mean that there can be no criminal justice component at all, or can there be an element of criminal justice that may be combined with other non-criminal justice approaches in the evaluation? Can police be involved with the activity?

A2. Proposed prevention approaches should be community-level or policy-level strategies to prevent youth violence. Proposed prevention approaches can include components of criminal justice interventions but criminal justice interventions can not be the main focus. Applicants cannot propose solely criminal justice interventions. Police can be a partner in the prevention strategy.

Q3. When preparing a budget, can the money be used for programmatic support, such as staff training or the implementation of the program?

A3. The proposed budget for the application needs to support the activities that are outlined in the application. Applicants will need to clearly explain how all budget costs support the proposed activities of their research.

Q4. Regarding the definition of community-level; it is hard to think of a community level intervention that does not eventually impact the family or the individual. Can an applicant implement a policy- or community-level intervention that might impact the individual as long as it is not fully community-based?

A4. The proposed prevention strategy should be a community level or policy level strategy. With this in mind, it is possible that some of the components could be influencing individual or family level factors.

Q5. Follow-up to question 4. If these community level strategies are influencing individual behavior; as part of the evaluation it might be strategic to also measure individual level outcomes. Are having these types of individual measures acceptable?

A5. Community-level prevention strategies are defined as targeting modifiable risk and protective factors that are characteristic of communities, such as neighborhood disorganization, physical environment, availability of alcohol. The outcomes can be measured at a number of levels, and examples are given in the FOA. Youth violence behaviors are the main outcomes suggested in the FOA. These can be measured using community level data, such as arrests for violence behaviors among youth, but they can also be measured using self-reported surveys. The outcomes can be measured at any level, but the strategies have to operate at the community level and be targeted at modifiable risk and protective factors that are characteristic of communities and that are empirically or theoretically associated with youth violence (e.g., neighborhood disorganization, physical environment, availability of alcohol, etc).

Q6. What if the policy is to implement community-based or school-based programs?

A6. Community-based or school-based programs that only target individual, peer, or family level factors and do not target community level factors would be considered non-responsive.

Q7. A follow-up to question 6. What if the policy set by a local legislator (city or county) is to implement a community-based intervention or program to decrease youth violence?

A7. This example could be a policy level intervention. If it is a policy that is applied to an entire location or entity, .e.g., community, across the board as defined in the FOA then it could be a policy level intervention. However it will be up to the applicant to demonstrate that this fits in the definition of a policy level intervention as outlined in the FOA.

Q8. Follow-up to question 7. So it cannot be a policy that says evaluate community based programs?

A8. If the policy has already been enacted and is going to be implemented during that time frame of the proposed research and the applicant is going to evaluate the effect of policy on a community as whole (e.g., organization or a school), then an applicant could try to make that it is a policy level intervention. It is strongly suggested that potential applicants review the definition of policy in the FOA, and that they make sure that what they are proposing is consistent with that definition. It is also suggested that potential applicants review the criteria that will reflect the evaluation plan and what is being evaluated. The policy that is being implemented is what needs to be evaluated, and not the individual programs that are encouraged in the policy to be implemented.

Q9. Item 5 of the Responsiveness Criteria on Page 17 of the FOA states “The applicant must provide documentation of a partnership with the public health department (city, county, or state) that serves the selected defined community or communities.” Would a federally qualified health center or a tribally controlled health center meet this criterion?

A9. The CDC acknowledges that partnership with federally qualified health centers or tribally controlled health centers could be important in implementing the applicant’s proposed work. However, such partnerships do not meet the requirement of a partnership with the public health department (city, county or

state) as stated in the FOA. The State's definition/certification, etc. is the basis for a determination of a qualifying health department within state, county, city jurisdictions. The CDC's intent for requiring these partnerships in the centers is to access and/or increase the capacity of public health department's to provide leadership in the community to prevent youth violence.

Q10. Do applicants have to have a specific program identified or can part of the proposed research be to identify the best program for intervention?

A10. Applicants will need to have a specific prevention strategy identified. In their application, applicants will have to identify the community level or policy strategy that they are going to evaluate. Applicants will want to propose a community level or policy strategy that has demonstrated empirical support.

Q11. If an applicant has selected one high burden community and if they are only looking at the community level, then they will have a sample size of one. Is it acceptable for the applicant to propose outcomes at the individual level? The sample size is now the individuals in that community.

A11. Applicants need to use a rigorous methodology to evaluate their community level or policy level strategy. For example, if they were to choose a policy level strategy, then they would have to select an empirically recognized rigorous evaluation strategy that is appropriate for that policy level strategy. The outcomes can be evaluated at the individual level, but the strategy has to be at the community or policy level.

Q12. Will there be a second round of funding?

A12. It is anticipated that three YVPC awards will be made in FY2015 (Cycle 1). The intent is to fund two additional YVPCs in FY2016 (Cycle 2). However, the Cycle 2 awards are contingent on additional funding becoming available in FY2016.

Q13. What is the timeline for the first funding cycle?

A13. Letter of Intent Due Date: 03/20/2015
Application Due Date: 05/04/2015
Scientific Merit Review (peer review): June or July, 2015
Estimated Start Date: 09/30/2015

Q14. Will unsuccessful applications that submitted to the first funding cycle have time to resubmit their application to the second funding cycle?

A14. Yes. Applications that submitted to the first funding cycle will know by late September or early October 2015 if they will be funded. Applications for cycle 2 are expected to be due on February 29, 2016; however this is an approximate date. Again please note that Cycle 2 is contingent on additional funding becoming available in FY2016. A more specific deadline for applications for Cycle 2 will be posted on grants.gov. This will give unsuccessful applicants approximately 5 months to prepare their revised application. Please note, however, that if unsuccessful applicants from cycle 1 wish to apply for cycle 2 they must formally withdraw their application from consideration for cycle 1. Instructions on how to formally withdraw an application can be found on page 23 of the FOA under #12. Other Submission Requirements and Information.

If unsuccessful applicants from cycle 1 want to discuss the resubmission process, please contact the Scientific Program Officer for this FOA, Paul Smutz at 770-488-485 or wsmutz@cdc.gov

Amendment 2

The purpose of Amendment 2 to this FOA is to provide additional clarifying information based on questions received from potential applicants during a second pre-application conference call held on March 19, 2015.

Questions and answers from potential applicants during the pre-application informational conference call conducted on March 19, 2015.

Please note that the questions and answers below do not represent an actual transcript of the conversation. The questions and answers have been edited for both accuracy and clarity.

Q15. Are there limits on the percentage of the budget that applicants can use for the administrative infrastructure?

A15. There are no limits on the percentage of the budget that applicants can use for the administrative infrastructure. However, the budget that applicants propose for their center must be reasonable for the work that they are proposing to accomplish and must be properly balanced between the administrative infrastructure and the proposed research. The requirements for the administrative infrastructure are outlined in the FOA. The costs that are proposed for the administrative infrastructure should support those activities. These costs should be a reasonable percentage when compared to the proposed research activities to be accomplished and the cost for conducting those activities.

Q16. Can the community or policy level prevention strategies to be evaluated be a combination of new and existing approaches?

A16. Yes it can be a combination of existing and new strategies. As outlined on page 9 of the FOA, the proposed strategies may be new initiatives or strategies already being implemented in the selected community or set of communities. Applicant may propose leveraging existing resources and actions already underway provided requirements in 2a, 2b, and 2c (listed on page 9 of the FOA) are met.

Q17. Could an applicant rigorously evaluate some programs in depth and also do slightly less rigorous evaluation of other strategies?

A17. Research conducted as part of this FOA must utilize a rigorous evaluation design to assess effectiveness of the selected community- or policy-level strategy or strategies in reducing rates of youth violence. Strong preference will be given to applications that propose an experimental and/or rigorous quasi-experimental design.

Q18. I have a question about police-based initiatives. Can some of the programs be police-based?

A18. Yes, some of the programs can be police-based. Proposed prevention approaches can include components of criminal/juvenile justice interventions. However applicants cannot propose solely criminal/juvenile justice interventions. Applications proposing implementation and evaluation of only criminal and/or justice interventions will be considered nonresponsive.

Q19. Would using a rigorous design to test the effectiveness, (the ability to implement) of looking at the outcomes and the sustainability of different models that communities could adopt to make decision on what to implement and then to implement it in terms of policies and programs that would be aimed at reducing teen violence fall under this FOA? These might be at the individual level but could also be at the community level and looking at the communities who are making these decisions.

A19. The strategies that are proposed need to be identified in the application. These strategies have to be community or policy level strategies to reduce youth violence and have to be evaluated in the project period specified in the FOA. Applications that propose community based strategies (those that target change in individual-, peer- or family-level factors) will be deemed non-responsive.

Q20. Is it prejudicial to an application not to submit a letter of intent? I know that the letter of intent is not required, but will the application be penalized in any way for not submitting a letter of intent?

A20. Applicants will not be penalized in any way for not submitting a letter of intent. The peer review committee will not be told which applicants submitted letters of intent. Because CDC uses ad-hoc peer review panels, the letters of intent are helpful in estimating the number of reviewers needed and the expertise of those reviewers.

Q21. Are there negative consequences for a college that does not grant PhDs?

A21. The answer given on the phone call was no. However for clarity and completeness a more in detailed answer is given below.

A college that does not grant PhDs will be eligible to apply under this FOA. However one of the criteria used

by the peer review panel to assess the quality of each application is Environment (see page 27 of the FOA). Some questions under this section include: Will the scientific environment in which the work will be done contribute to the probability of success? Are the institutional support, equipment and other physical resources available to the investigators adequate for the project proposed? A college that does not grant PhDs may be viewed less favorably by the peer review committee for this criterion during the peer review process.

Amendment 5

The purpose of Amendment 5 to this FOA is to provide additional clarifying information based on questions received from potential applicants during a second pre-application conference call held on December 17, 2015.

Questions and answers from potential applicants during the pre-application informational conference call conducted on December 17, 2015.

Please note that the questions and answers below do not represent an actual transcript of the conversation. The questions and answers have been edited for both accuracy and clarity, and are numbered consecutively from the first question asked since the FOA was initially published.

Q22. Why has the page limitation for the Research Strategy component of the Research Plan narrative been reduced from 40 pages during Cycle 1 to the current limit of 20 pages for Cycle 2, and is the Specific Aims document included in this page count?

A22. For this specific FOA, the Research Strategy component of the Research Plan narrative is limited to 20 pages for Cycle 2 applications because we experienced system difficulties in processing the Cycle 1 applications caused by the 40-page Research Plans submitted. Some applicants in Cycle 1 were forced to re-submit their applications. The Specific Aims document is not included in the page limitation for the Research Plan. Supporting materials for the Research Plan narrative included as appendices may not exceed 10 PDF files with a maximum of 100 pages for all appendices.

Q23. Will applications with similar proposals to those funded during Cycle 1 be reviewed and scored based on what has already been funded?

A23. Applications submitted during Cycle 2 will be evaluated, reviewed and scored independently of those funded during Cycle 1. The review criteria used for Cycle 2 applications will be the same as that for Cycle 1.

Q24. Is the CDC prohibited from conducting firearm injury research? Would applications proposing anything related to firearm injury research be ineligible from consideration?

A24. The CDC is not prohibited from conducting firearm injury research. The Presidential Memorandum entitled "Engaging in Public Health Research on the Causes and Prevention of Gun Violence" issued on January 16, 2013 directs that "The Secretary of Health and Human Services (Secretary), through the Director of the Centers for Disease Control and Prevention and other scientific agencies within the Department of Health and Human Services, shall conduct or sponsor research into the causes of gun violence and the ways to prevent it." (<https://www.whitehouse.gov/the-press-office/2013/01/16/presidential-memorandum-engaging-public-health-research-causes-and-pre-0>)

However, we currently have no funding for firearm injury research. Applicants should carefully review what research is intended under this FOA and are not prohibited from proposing such research as secondary outcomes to their proposed research. However, the intended focus of this research is on youth violence

outcomes, and any consideration of secondary outcomes must not come at the expense of advancing the science and practice of youth violence prevention. There must be an overall match between the proposed objectives as described in the applicant's abstract and the Research Objectives of this FOA as described in Section I of the FOA for an application to be considered responsive.

NOTE:

A YVPC supported under this announcement must include 2 core features: “1) an administrative infrastructure to support implementation, evaluation, and dissemination activities; to foster necessary local collaborations to achieve research and program goals; and to work with other funded YVPCs as part of the Youth Violence Prevention Center (YVPC) Network; and 2) integrated implementation and evaluation activities of a community- or policy-level approach to preventing youth violence in a high-burden community or set of communities.”

We recognize that the FOA does not indicate concrete specific elements that are consistent with being a center in the way other centers are designed. Rather, the FOA specifically focuses on the ability of the center's infrastructure to support the specific research project. Seven of eleven requirements outlined in the FOA apply to the selection of the community, selection of the prevention strategy, and evaluation of the prevention strategy, and these requirements are primarily associated with the YVPC's core component of implementation/evaluation of a community- or policy-level prevention strategy. Past experience demonstrates that the YVPC's require administrative and institutional support and capacity to accomplish the research objectives. Therefore, four of the eleven requirements are primarily associated with the YVPC's infrastructure core component.

The center element should be the ability, as described in the application, of the center to support a solid research project capable of accomplishing its aims.