Centers for Disease Control

National Center for Injury Prevention and Control Extramural Research Program Office

Injury Control Research Centers
RFA-CE-19-001
Application Due Date: 08/06/2018
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Part 1. Overview Information

Participating Organization(s)
Centers for Disease Control

Components of Participating Organizations
National Center for Injury Prevention and Control Extramural Research Program Office (NCIPC ERPO)

Notice of Funding Opportunity (NOFO) Title
Injury Control Research Centers

Activity Code
R-49; Grants for Injury Control Research and Demonstration Projects and Injury Prevention Research Centers.

Notice of Funding Opportunity Type
New

Agency Notice of Funding Opportunity Number
RFA-CE-19-001

Catalog of Federal Domestic Assistance (CFDA) Number(s)
93.136

Category of Funding Activity:
Health

NOFO Purpose
The National Center for Injury Prevention and Control (NCIPC) is seeking applications from qualified organizations for Injury Control Research Center (ICRC) grants. These Centers will support NCIPC’s priorities and mission through high quality research, training, and outreach, as well as effective translation of scientific discoveries into practice for the prevention and control of injuries and violence.

Key Dates
Publication Date: To receive notification of any changes to RFA-CE-19-001, 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: 05/03/2018
Letter of Intent Due Date: May 3, 2018

Application Due Date: 08/06/2018
Application Due Date: August 6, 2018

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:** 10/18/2018
This is an estimated date. The scientific merit review will occur in Oct or Nov 2018.

**Secondary Review:** 03/14/2019
This is an estimated date. Secondary review will occur in Mar or Apr 2019.

**Estimated Start Date:** 08/01/2019

**Expiration Date:** 08/15/2018

**Due Dates for E.O. 12372:** Due no later than 60 days after the application receipt date.

**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 NOFO. Conformance to all requirements (both in the Application Guide and the NOFO) 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 100 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:**
The National Center for Injury Prevention and Control (NCIPC) is seeking applications from qualified organizations for Injury Control Research Center (ICRC) grants. These Centers will support NCIPC’s priorities and mission through high quality research, training, and outreach, as well as effective translation of scientific discoveries into practice for the prevention and control of injuries and violence.

**Mechanism of Support:**
R49; Research Grant for Injury Control Research Centers

**Funds Available and Anticipated Number of Awards:**
The National Center for Injury Prevention and Control (NCIPC) intends to commit approximately $7,562,574 (direct and indirect costs) in FY2019 to support up to nine (9) applications for this NOFO. The total funding and the number of awards is contingent upon availability of funds and a sufficient number of meritorious applications.

**Budget and Project Period:**
The maximum estimated funding for a single 12-month budget period is $840,286 (direct and indirect) per award. The minimum funding for a single 12-month budget period is $756,574 (direct and indirect) per award. Applicants may request a project period of up to five (5) years. The maximum total project funding is $4,201,430 (direct and indirect) per award, over the project period. The project period is expected to be 08/01/2019 to 07/31/2024. The total award will depend upon the project quality, duration, and cost proposed.

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

This NOFO does not require cost sharing as defined in the HHS Grants Policy Statement (http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf). However, NCIPC is encouraging cost sharing in this NOFO to help build institutional commitment for the center and to foster long term sustainability of the center. The cost sharing amount provided by the institution may be in the form of matching funds or in the form of in-kind contributions. Matching funds must come from non-Federal sources. In-kind contributions are non-cash donations provided by institution. While they usually add real value to a project, they do not require an actual cash outlay. Some examples of in-kind contributions are salaries (usually faculty members), employee benefits, indirect costs not charged to the sponsor, third-party contributions, and donated labor, supplies, materials, or services. Any non-federal contributions that will be included to support the conduct of research, training, or outreach activities proposed in the application may be described in the budget justification.

**Application Research Strategy Length:**

Page limits for the Research Strategy are clearly specified in Section IV, Application and Submission Information in this Notice of Funding Opportunity (NOFO).

**Eligible Institutions/Organizations:**

Institutions/organization listed in Section III.1 are eligible to apply.

**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:**

One; Co-PIs will not be funded under this Notice of Funding Opportunity (NOFO).

**Number of Applications:**

Institutions may submit only one application.

**Application Type:**

New.
Special Dates
A pre-application teleconference call will be conducted on April 17, 2018. To address questions from eligible applicants regarding NOFO RFA-CE-19-001, Grants for Injury Control Research Centers. The call will begin at 3:00PM Eastern and end at 4:00PM Eastern, or sooner, if all of the questions are addressed. Questions and answers from the discussion will be included in an amended NOFO approximately 3 weeks after the call.

Participant Access Information

- Call Date: Apr 17, 2018
- Call Start Time: 3:00PM Eastern
- Call End Time: 4:00PM Eastern; or sooner if all questions are addressed
- Toll-Free Number: 866-556-2180
- Conference ID: 10685445

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
Sections 301 and 392 of the Public Health Service Act, as amended (42 USC §§ 241, 280b)

1. Background and Purpose
Background:
Injuries and violence are among the top 10 leading causes of causes of death in the United States and among the top three for people between the ages of 1 and 44. Injuries and violence affect people of all ages and all socioeconomic groups and range from child abuse to older adult falls. While many may view injuries as inevitable or unavoidable, they are in fact predictable and preventable.

NCIPC has identified research priorities in injury and/or violence prevention and control. More information on NCIPC's research priorities is available at https://www.cdc.gov/injury/pdfs/researchpriorities/cdc-injury-research-priorities.pdf. Information on the NCIPC Director's Priorities of opioid overdose, suicide, and adverse childhood experiences is available at http://www.cdc.gov/injury/about. These areas are high priorities due to their high cost and burden, and need to fully realize solutions.

NCIPC conducts and supports research that identifies etiologic factors, develops and rigorously
evaluates interventions to reduce the burden of injuries and violence, and conducts research to translate science into effective programs and policies to ensure their widespread adoption. The intent of the NCIPC Research Priorities and the NCIPC Director's Priorities are to address strategic gaps along the public health spectrum. Identifying gaps is essential for achieving public health impact for our research priorities. For example, where evidence-based strategies exist, greater emphasis is placed on translational research to tailor and enhance implementation of prevention efforts. In newer areas, greater emphasis is on identifying etiologic factors and developing intervention strategies.

ICRCs are an integral component of NCIPC's mission to prevent injuries and violence through science and action; broadening NCIPC’s extramural research portfolio and programmatic efforts. Over the past 30 years, ICRCs have served as a conduit to bring the technical expertise of a wide variety of partners to communities addressing the public health burden of injury and violence. Specifically, the ICRCs have engaged universities and medical centers in coordinated efforts to conduct meaningful research and provide expert, scholarly knowledge that has informed and strengthened injury and violence prevention efforts. ICRCs have successfully trained hundreds of injury prevention researchers and practitioners. They have also developed longstanding, functional, and productive partnerships with injury and violence prevention practitioners and organizations. (For more detailed information see: https://www.cdc.gov/injury /erpo/icrc/pubs.html, and The Impact of Injury Control Research Centers: Advancing the Field of Injury and Violence Prevention at https://ftp.cdc.gov/pub/TBI/ICRCs/ICRC_report-a.pdf.)

The strength of ICRCs is their core infrastructure, high-level expertise, and diverse partnerships, which have enabled ICRCs to make substantial contributions to both research and practice. By integrating their core areas of expertise—research, training, and outreach—they have had a greater impact than they would have had otherwise conducting any of these activities alone. The effectiveness of the comprehensive Center model that underpins the ICRC program provides singular justification of the need for the ICRC program. An Injury Control Research Center functions as a multidisciplinary/interdisciplinary organization that conducts outreach, training, and research in an integrated manner that impacts the field of injury and/or violence prevention and control. Centers strive to strengthen the injury and/or violence prevention infrastructure by integrating resources at local, state, and national levels. All center activities are expected to focus on NCIPC research priorities (https://www.cdc.gov/injury/pdfs/researchpriorities/cdc- injury-research-priorities.pdf), and at least half of the research projects must address the NCIPC Director's Priorities (http://www.cdc.gov/injury/about). Center programs will address the “Healthy People 2020” focus area(s) of injury and violence prevention. For more information, see http://healthypeople.gov.

ICRCs are expected to have a high caliber of scientific and technical competency, be forward looking, be innovative, provide national or regional leadership, and actively collaborate with stakeholders and community partners (including state and local health agencies, non-profit, community organizations, and non-governmental organizations) in the development and delivery of relevant interventions to improve the prevention and control of injuries and/or violence. Successful applicants are expected to foster and develop an injury control research center that functions as a multidisciplinary/interdisciplinary organization; provide outreach and training to build the injury and violence prevention capacity of partner organizations, the general public and prevention specialists; and conduct research in a cross cutting and integrated manner that impacts the field of injury and/or violence prevention and control. Collaboration
with other NCIPC funded programs and Centers in order to leverage resources is also expected. Center structure should take advantage of diverse scientific resources. Center functions should include developing holistic approaches that link prevention, intervention, translation, outreach, education, and evaluation. The implementation of innovative, evidence-based solutions that address important injury and/or violence prevention and control problems in a collaborative manner is expected. A specific Center theme is not required; however, applicants are expected to concisely describe the mission, structure, function and focus area(s) of the proposed Center and how these address the mission and priorities of NCIPC.

**Purpose:**

NCIPC is seeking applications from qualified organizations for Injury Control Research Center (ICRC) grants. These Centers will support NCIPC’s priorities and mission through high quality research, training and outreach, as well as effective translation of scientific discoveries into practice for the prevention and control of fatal and nonfatal injuries, violence, and related disabilities.

The goals of the NCIPC ICRC program are to:

- Build the scientific base for the prevention and control of fatal and nonfatal injuries and violence.
- Integrate professionals from a wide spectrum of disciplines such as epidemiology, behavioral and social sciences, medicine, biostatistics, public health, health economics, law, criminal justice, and engineering to perform research and provide technical expertise in order to prevent and control injuries and/or violence more effectively.
- Encourage investigators to conduct research that involves intervention development, evaluation of promising interventions and strategies, or translation of effective programs.
- Engage in active collaboration with other injury and/or violence prevention and control programs, including: other researchers; universities; medical institutions; community groups; state and local government agencies, public health agencies; and policy makers.
- Serve as a trusted source of injury and/or violence prevention and control information for their constituents and stakeholders at the local, state, tribal, and national levels, and the general public.
- Provide high caliber training to students and injury and violence prevention professionals.

**Healthy People 2020 and other National Strategic Priorities**

This program addresses the “Healthy People 2020” focus area(s) of injury and violence prevention. For more information, see [http://healthypeople.gov](http://healthypeople.gov). Applicants are expected to describe how their proposed activities and research supports the "Healthy People 2020" focus area(s), NCIPC research priorities ([https://www.cdc.gov/injury/pdfs/researchpriorities/cdc-injury-research-priorities.pdf](https://www.cdc.gov/injury/pdfs/researchpriorities/cdc-injury-research-priorities.pdf)) and the NCIPC Director's Priorities ([http://www.cdc.injury/about](http://www.cdc.injury/about)).

**Public Health Impact**
In the United States, injuries (including all causes of unintentional and violence-related injuries combined), account for 59% of all deaths among people ages 1-44 years of age. That is more deaths than from non-communicable diseases and infectious diseases combined. Injuries and violence kill more than 192,000 people annually – nearly one person every 3 minutes. NCIPC is committed to preventing violence and injury, and to reducing their consequences on people and society. ICRC research will identify risk and protective factors that present opportunities for injury and violence prevention strategies, and develop and evaluate effective interventions and methods to translate those interventions into public use. ICRC translation activities and research will also include tailoring interventions to specific underserved populations (e.g., rural residents, American Indian/Alaska natives, veterans; see also the NCIPC Research Priorities: https://www.cdc.gov/injury/pdfs/researchpriorities/cdc-injury-research-priorities.pdf). The combined efforts of ICRC research, outreach, training and education will contribute to violence and injury prevention by developing, evaluating, and translating evidence-based strategies, policies, and interventions focused on NCIPC research priorities in injury and/or violence prevention and control, and the NCIPC Director's Priorities of opioid overdose, suicide, and adverse childhood experiences.

Relevant Work
Since 1980, CDC has been studying patterns of violence and injuries with the intent to develop, evaluate, and translate into practice methods to reduce the associated death and disability. CDC’s approach involves: 1) a focus on prevention, 2) a science-driven research agenda to identify risk and patterns, and 3) multidisciplinary collaborations to address the problem and keep people safe, healthy, and productive. Examples of recent and currently funded research are available on NCIPC’s website: https://www.cdc.gov/injury/fundedprograms/index.html.

2. Approach
This section describes the expectations for the ICRCs and for the application. The ICRCs consist of four core areas, Administrative, Outreach, Training and Education, and Research. The Administrative Core provides the overall leadership and management infrastructure to facilitate the Center's stated objectives. The Outreach Core facilitates collaborations with outside entities to ensure the Center's activities and research results connect with the people and organizations necessary to meet the Center's objectives. The Training and Education Core develops, conducts, and evaluates the Center's training and education program to advance the field of injury and/or violence prevention. The Research Core provides the overall management and support for the individual research projects. The ICRC Principal Investigator serves as the Center Director and the Administrative Core Director. The Directors of the Outreach, Training and Education, and Research Cores are filled by other senior personnel. The application is expected to clearly and concisely describe the the roles and responsibilities of the existing operational structure, collaborations, and goals for the center as a whole, and the role, relationship, structure, collaborations, and goals for the NCIPC-funded ICRC.

ICRC Structure
The ICRC will have the following cores that, together, address the objectives of this
announcement:

- Administrative Core (up to 20% of annual budget*)
- Outreach Core (up to 20% of annual budget*)
- Training and Education Core (up to 20% of annual budget*)
- Research Core (at least 60% of annual budget*)
  - Research Projects (at least 50% of annual budget*)
  - Exploratory Research Projects (up to 20% of annual budget for Research Projects*)

*Includes both direct and indirect costs. Total budget for the application cannot exceed 100%.

Applicant institutions are expected to demonstrate a commitment of support and encouragement for an ICRC both during the funding cycle and after the NCIPC funding cycle has completed. Examples include faculty release time, acquisition of scientific equipment and supplies, capital improvements for program facilities, and travel and meeting/conference support. Helping ensure that an ICRC has full support of, and access to, the diverse resources available at the institution is critical in synergizing the efforts, impacts and outcomes of NCIPC funding.

The Center Director (Principal Investigator) is expected to have the specific authority and responsibility to carry out the project.

The Center Director (Principal Investigator) is expected to report to an appropriate institutional official, e.g., Dean of a school, Vice-President of a University, or Commissioner of Health.

The Center Director (Principal Investigator) is expected to devote no less than thirty-five percent (35%) effort solely to the management and direction of the ICRC, and serve as the Director of the Administrative Core.

The application must clearly document that the Center Director (Principal Investigator) has significant and relevant prior experience 1) conducting injury and/or violence prevention or control research, 2) and providing leadership for injury and/or violence prevention or control research research efforts. The Center Director must have at least five peer-reviewed injury and/or violence prevention or control research publications on which they are at least a senior author; the Center Director must be the first author on at least one of those publications. The Center Director must demonstrate leadership in research development, conduct and management for injury and/or violence prevention and control research. This may be evidenced by having obtained grant funding and serving as the grant's Principal Investigator within the last 10 years. The qualifying grant must be in the field of injury and/or violence prevention or control. The qualifying articles and evidence of grant funding/PI service within the last 10 years must be included in the principal investigator’s Biographical Sketch and identified by bold text or highlighted for obvious recognition.

ICRC Core Areas

The application is expected to specifically describe the goals, objectives, and plans for the Administrative, Outreach, Training and Education, and Research Cores. Each proposed research project should be clearly described under the Research Core. The application is expected to include a detailed budget for the overall application that is the total budget inclusive of all the detailed budgets from the ICRC Core components. A separate detailed budget is required for the
Administrative, Outreach, Training and Education, and Research Cores. Each proposed research project should include a detailed budget. Applicants are also encouraged to review Section IV Application and Submission Information and Section V Application Review Information for additional information and guidance on the development of the application and how the applications will be reviewed. The following paragraphs describe the essence and expectations of each Core area and the research projects.

Administrative Core

The administrative core facilitates the leadership, guidance, and management of the Center in accomplishing the stated objectives of the ICRC. It provides the infrastructure to promote cross-discipline interactions, programs, and projects; helps ensure translation and dissemination of research findings. The administrative core has oversight for all of the Center’s activities.

The structure of the administrative core is expected to provide a mechanism for:

- Planning, coordinating, managing, and evaluating the Center's specific aims and progress in meeting the specific aims;
- Planning, coordinating and monitoring research, prevention, intervention, education, outreach, translation, and evaluation efforts;
- Integrating cross-discipline expertise at the institution, national, state, local, and community level;
- Overseeing fiscal and resource management;
- Managing internal and external advisory committees;
- Planning and conducting seminars, meetings, workshops, advisory committee meetings or conferences;
- Preparing and publishing annual reports to CDC;
- Tracking scientific publications and documents that inform policy;
- Collecting and storing of data from projects/programs, trainings, populations affected, and outreach to stakeholders, as well as creating and executing data sharing plans (including the requirements for a data management plan as described in AR-25: Data Management and Access in Section VI. Award Administrative Information, 2 CDC Administrative Requirements).

The administrative core is expected to have strong leaders committed to the program who are capable of providing scientific leadership for the administration and integration of the program. Assessment of the ability of the Center Director to lead a highly integrated and collaborative program of research, prevention, intervention development, evaluation, and translation projects will be a consideration in the evaluation of each application. The Center Director is expected to devote no less than thirty-five percent (35%) effort solely to this grant for each budget year. Applicants should clearly explain how the administrative core will achieve effective and efficient administrative functions. Clear lines of communication and mechanisms for ensuring integration and collaboration between projects, including evaluation, are expected.

The ICRC program represents a long-term investment for NCIPC and is an established resource for the field of injury and/or violence prevention and control. NCIPC recognizes the significant time and effort needed for establishment and maintenance of an ICRC. Therefore, sustainability is of importance to NCIPC. Plans for the sustainability and long-term management of the Center
should be included in the application, including the development and mentoring of replacements for key leadership (including the Principal Investigator) and plans for the continued operation of the Center. This includes plans for continued operation of the Center after the period of support offered in this funding opportunity is completed and plans for the continuation of the Center if additional funding from CDC (after this funding opportunity is complete) is not obtained.

The administrative core supports the administrative infrastructure for the entire Center and should not be duplicated within any other components.

**Outreach Core**

An important component of a successful ICRC is its outreach activities. This includes engaged collaboration and technical assistance with institutions, businesses, community groups, or agencies. It also includes informing policy by educating policy stakeholders about the implications of science for policymaking. Please note that federal funds may not be used to lobby, either directly or indirectly, for additional funding or to influence legislation. Additional information about lobbying restrictions is available in the following document "Anti-Lobbying Restrictions for CDC Grantees" ([http://www.cdc.gov/od/pgo/funding/grants/Anti-Lobbying_Restrictions_for_CDC_Grantees_July_2012.pdf](http://www.cdc.gov/od/pgo/funding/grants/Anti-Lobbying_Restrictions_for_CDC_Grantees_July_2012.pdf)).

Effective outreach is necessary to ensure that research, evidence-based prevention or intervention findings, best practices, tools, approaches, technologies, guidelines, or policies connect with the people who can benefit from them. Outreach activities should address geographic area needs and implement innovative strategies for meeting those needs with a focus on impacting the practitioner environment. Partnerships and collaborative relationships should cross the research-to-practice and practice-to-research continuum. Centers should include plans to develop linkages and communication with other governmental and non-governmental bodies involved in injury and/or violence prevention and control, and include documentation of previously successful efforts. Outreach activities should actively engage practitioners and the community at the start of projects to facilitate the translation of research and training products. Innovative social marketing and other approaches that target important topics in injury and/or violence prevention and control at the community, regional, state, or national level are a component of this core. Outreach activities and materials should be culturally, linguistically, and educationally appropriate and when applicable, follow plain language guidelines ([https://www.cdc.gov/healthliteracy/developmaterials/plainlanguage.html](https://www.cdc.gov/healthliteracy/developmaterials/plainlanguage.html)).

Active collaboration is essential to help provide an economy of effort, cost savings, and to maximize outreach efforts. Collaborators should be drawn from:

- the Center’s stakeholders (e.g., practitioners, community based organizations; state and local governments, state and local health departments; non-governmental organizations),

- and other NCIPC ICRCs

By the second year of the grant, the applicant is expected to have established a working relationship with a NCIPC funded program. For all applicants, it is recommended that a representative of the Core State Violence and Injury Prevention Program’s Regional Network Collaborating Organization be a member of the Center’s external advisory board.

To help meet challenges and achieve maximum effectiveness, ICRCs are expected to develop collaborative and sustainable partnerships with diverse organizations. These include service-oriented groups, state-funded centers or programs, state, regional, local, or community health departments, federal agencies, professional organizations, private companies, and other groups. These partnerships can prove effective in helping to initiate, promote, and sustain a variety of activities related to injury and/or violence prevention and control. Plans for the establishment of partnerships should be included in the description of the outreach core.

**Training and Education Core**

ICRCs are expected to advance the injury and/or violence prevention field through training and education. This core will help ensure there is an adequate supply of qualified professional injury and/or violence prevention practitioners and researchers and help train the next generation of leaders in the injury and/or violence prevention field. This core should include the development, implementation, and evaluation of training and education materials and programs. The training and education should result in cross-fertilization among the various diverse disciplines that impact injury and/or violence prevention practice and research.

The training and education core should consider:

- Innovative learning opportunities for students and professionals in the injury and/or violence field;
- Formal training of students (including degree programs; Masters, Doctoral and Post-Doctoral and academic certificate programs);
- Collaborative inquiry and adaptive action methods;
- Continuing education for researchers and practitioners;
- Educational outreach to the injury research community; and
- Educational opportunities (student stipends) within the Divisions of NCIPC, working with intramural scientists.

The training can take the form of in-person courses, small group discussions, graduate seminars, distance learning sessions, teleconferences, webinars, newsletters, websites, and workshops. Course selection should be based on regional and national needs and NCIPC research priorities ([https://www.cdc.gov/injury/pdfs/researchpriorities/cdc-injury-research-priorities.pdf](https://www.cdc.gov/injury/pdfs/researchpriorities/cdc-injury-research-priorities.pdf)). The applicant should provide a rationale for the courses that are offered. The courses should be structured so that higher educational institutions, public health agencies, professional societies or other appropriate agencies can utilize them to provide training. Workshops that engage community partners at the planning and execution stage are also encouraged. Collaboration with other departments, academic institutions, and ICRCs is encouraged to minimize duplication of
training and education programs and to maximize cost effectiveness.

The applicant institution should include information in the application that documents institutional support (financial and otherwise) and commitment to the goals of the training and education program. This could include, for example, space, shared laboratory facilities and equipment, funds for curriculum development, release time for the PI and/or participating faculty, support for additional trainees in the program, or any other creative ways to improve the establishment and growth of the training and education program(s).

Research Core

The Research Core consists of the necessary scientific and management infrastructure to support and conduct the planned research projects, and the research projects themselves. ICRCs are expected to conduct at least 4 research projects during the award project period, with at least 2 research projects active each year.

Research projects are similar in size and scope to R03 type grants (http://grants.nih.gov/grants/funding/r03.htm) and can be carried out in a time period of two to three years with limited resources. Projects should be stand-alone investigations sufficient to yield results worthy of publication in a peer-reviewed journal and/or a technical report for a legislative body, governmental agency, or injury and/or violence control program. The project budget and duration should be driven by the science and project goals. The description of these projects in the application are not expected to have the same level of detail as found in an R01 application. However, the background information, goals and approach (including time-line) of the proposed research should be clearly described. The significance of each research project and each research plan should be sufficient for review and critique of the scientific and technical merit of the proposed project. The appropriate justification for the proposed work should be provided through literature citations, data from other sources, or from investigator-generated data. Preliminary data are encouraged but not required.

All research projects must focus on NCIPC research priorities (https://www.cdc.gov/injury/pdfs/researchpriorities/cdc-injury-research-priorities.pdf), at least half of the research projects must address the NCIPC Director's Priorities of opioid overdose, suicide, or adverse childhood experiences (http://www.cdc.gov/injury/about). At least one translation research project should be included. Inclusion of underserved populations (e.g., rural residents, American Indian/Alaska natives, veterans; see also the NCIPC Research Priorities: https://www.cdc.gov/injury/pdfs/researchpriorities/cdc-injury-research-priorities.pdf page 7) is highly encouraged.

The research is expected to be conducted using rigorous methods. Applicants are expected to select research methods that are appropriate for the research question. Applicants should clearly describe the research methodology. Use of innovative research methods is highly encouraged. Innovative methods include, but are not limited to, systems research, systems science, systems thinking, population-level approaches, community-based participatory research, action research, research on shared risk and protective factors, and translation research.

Examples of research projects include:

- Secondary analysis of existing data;
- Small, self-contained research projects (able to be completed within the available project
period and funding);

- Intervention development research;
- Program and policy evaluation research;
- Development of new research technology; or
- Evaluation of the implementation of a proven intervention or policy.

Because the proposed research projects are expected to include one translation research project, additional information about the characteristics of, and expectations for the translation research project are described below.

The purpose of translation research is to accelerate the transfer of research findings into public health practice. For the purposes of this funding opportunity, translation research also includes dissemination and implementation research.

To make an impact on the public’s health, evidence-based interventions should be disseminated broadly, supported by training and technical assistance, adopted widely, and implemented as designed. Many effective injury prevention interventions have been identified but too few have gained wide community acceptance and little is known about the best ways to encourage their broader use. The field of study aimed to expedite research to practice is often termed “translation” research, dissemination/implementation research, or a variety of other terms. We use ‘translation research’ to mean: the sequence of events in which a proven scientific discovery (i.e., evidence based public health intervention) is successfully institutionalized (i.e., seamlessly integrated into established practice and environments).

Translation research includes these key domains:

1. translating an efficacious intervention into a practical prevention program;
2. involving key intended recipients, stakeholders, or users in the research project;
3. building capacity to promote dissemination and use;
4. understanding strategies to support successful adoption and implementation;
5. disseminating an effective intervention widely, based on known properties of systems and delivery channels.

The description of the translation research project in the application should identify some or all of the following:

- A key domain of research, such as translating efficacious interventions into usable programs or practices; capacity building; adoption; or dissemination.
- Impediments/facilitators to the successful translation of evidence-based interventions, including input from intended recipients, stakeholders, or users of the research.
- How proposed research will help overcome identified barriers to dissemination, capacity building, adoption, implementation, and sustained use.
- Methods for the successful translation of evidence-based interventions that retain fidelity, and achieve positive outcomes for specific populations.
- Optimal strategies and collaborations to enhance the widespread adoption and institutionalization of effective intervention strategies.

Note: Research project funds cannot be used to support the routine treatment of patients or for clinical care. Research projects cannot be conducted outside of the United States.
Exploratory Research Project Program

Each application may also propose 1-3 exploratory projects. Exploratory research projects are short-term feasibility projects that are normally in the early stages of research. These projects are expected to lead to the development of new and innovative research. These projects are exploratory in nature and may identify novel, and high-risk research needs. These projects may break new ground, extend previous discoveries toward new directions or applications, or may lead to a breakthrough in a particular area.

These projects are expected to address NCIPC’s research priorities (https://www.cdc.gov/injury/pdfs/researchpriorities/cdc-injury-research-priorities.pdf). Exploratory research projects have a budget of between $25,000 and $50,000 (both direct and indirect costs) and a project period of up to 18 months.

It is expected that at the completion of the exploratory project, the investigators will have collected sufficient data to pursue support through other funding mechanisms and to produce at least one publication. Exploratory research topics should demonstrate a high degree of overlap with the objectives and the missions of the proposed Center and should address one of NCIPC’s current research priorities.

Examples of exploratory research projects include:

- Initial support for developing novel, innovative, cutting edge research, translation, prevention, intervention, education or outreach approaches;
- Adapting and evaluating proven prevention, intervention, outreach or education tools or techniques for new populations, environments or delivery systems;
- Obtaining preliminary data, mining existing state or national datasets or pursuing critical data gaps;
- Supporting investigators from other fields of study to apply their expertise to injury and/or violence prevention and control challenges;
- Exploring new directions that represent significant departures from established approaches yet have the potential to yield great impacts; and

A list of exploratory research projects should not be included in the application. Instead, applications should focus on how the exploratory research project program will be structured and managed; including the procedures for advertising, reviewing, selecting, managing, and evaluating the funded projects.

The application should clearly address how the following will be accomplished:

- Announcing each exploratory research project funding opportunity;
- Conducting a merit review of exploratory research project proposals;
- Tracking the progress and budget of each exploratory project;
- Ensuring that appropriate human subjects protections are provided and monitored;
- Maintaining appropriate records for the exploratory research project program;
- Reporting results or outcomes for each exploratory research project study in grant progress reports or annual reports to CDC;
- Sharing significant results or outcomes with NCIPC and the research community at large.
in a timely manner.

Input from internal and external advisory committees on managing the exploratory research project program is encouraged. Committee members can advise on scientific merit, relevance and importance, cross discipline integration, linkage or access to viable stakeholders, and the likelihood of success. Exploratory research project funds are not intended to supplement ongoing funded research projects, but rather to stimulate new research and interdisciplinary collaborations. Exploratory project funds may not be used as bridge funds when other research support is no longer available. Exploratory research projects funds will not be made available to support the routine treatment of patients or for clinical care.

The exploratory research projects selected by the process described will be reviewed by NCIPC as part of the grant annual review process. The recommendations of the merit review, along with titles, budget, project period, and a research plan of each exploratory research project that will be funded and the populations served must be sent for review to NCIPC in the Center’s annual progress report.

**Objectives/Outcomes**

Injuries and violence affect people of all ages and socioeconomic groups. In the United States, injury and violence are among the top 10 leading causes of death and leave many survivors facing life-long mental, physical, and financial problems. Research has shown that injuries and violence can be prevented and the consequences can be reduced. The funded ICRCs will conduct high quality research and help translate scientific discoveries into practice for the prevention and control of fatal and nonfatal injuries and violence to reduce the public health burden. Additionally, the ICRCs will serve as training centers as well as information centers for the public to support dissemination of research results and implementation of evidence-based prevention strategies.

**Target Population**

The target population for the research to be conducted by the ICRCs under this award is the entire U.S. population potentially affected by violence, and violence-related and unintentional injuries.

**Collaboration/Partnerships**

ICRCs must have well developed collaborative and sustainable partnerships with diverse organizations. Plans for the establishment of new partnerships, and descriptions of relevant current partnerships are expected to be included in the description of the Outreach Core. Relevant partners, partnerships and collaborations are expected to be included in description of proposed research study. Each established collaboration and partnership must be clearly documented as described at the end of this section.

In general, ICRCs are expected to develop and maintain engaged collaboration and technical assistance with institutions, businesses, community groups, or agencies. It also includes informing policy by educating policy stakeholders about the implications of science for policymaking. Please note that federal funds may not be used to lobby, either directly or
indirectly, for additional funding or to influence legislation. Federally-funded partnerships may not be used to support any type of lobbying activity to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature, or local legislature or legislative body, other than normal and recognized executive legislative relationships or participation by an agency or an agency or officer of a State, local, or tribal government in policymaking and administrative processes within the executive branch of that government. Additional information about lobbying restrictions is available in the following document "Anti-Lobbying Restrictions for CDC Grantees" (http://www.cdc.gov/od/pgo/funding/grants/Anti-Lobbying_Restrictions_for_CDC_Grantees_July_2012.pdf).

Internal and External Advisory Committees
ICRCs are expected to develop and maintain both Internal and External Advisory Committees to aid the Director in achieving the goals of the Center. Effective advisory committees can serve as force multipliers to enhance Center effectiveness, expand Center reach, and increase the sustainability of Center efforts beyond reliance on CDC funding.

Internal advisory committees provide guidance, advice, and feedback between the Center Director, Core Directors, and key Center personnel regarding scientific and administrative decisions.

External advisory committees provide guidance, advice, and feedback to the Center Director, Core Directors, and key Center personnel regarding the progress, direction, impact, and effectiveness of the Center. External advisory committees should include people knowledgeable about injury and/or violence prevention and control in the area or region served by the Center. The committees should include members from state health departments, state and local governments, community groups, and other CDC funded Centers, if appropriate. It is recommended that the Core State Violence and Injury Prevention Program (http://www.cdc.gov/injury/stateprograms/) Regional Network Collaborating Organization be a member of the Center’s external advisory board.

Documentation of Collaboration
Applications must clearly describe the nature of each existing and proposed partnership, collaboration, and advisory committee. The application must describe how each partnership, collaboration, and advisory committee will allow the Center to meet their specific aims for Center and for the specific activities or research projects the participants will be focused on. The descriptions should include the roles and responsibilities of the Center (including Center Director, Core Directors, and key Center personnel as appropriate), and each outside participating entity.

Each existing and proposed partnership, collaboration, and advisory committee must be documented (e.g., letter of support, Memorandum of Understanding, committee charter). The documentation must clearly describe the nature of the proposed partnership, collaboration, or advisory committee; the roles and responsibilities of the Center (including Center Director, Core Directors, and key Center personnel as appropriate) and each outside participating entity;
the working relationship between the participating entities and personnel, nature and extent of the involvement to be provided by the Center and each outside entity; the outside entity's scope of work; and how the partnership, collaboration or advisory committee will ensure the success and sustainability of the specific aims of the project or Center. **Documentation of partnerships, collaborations and advisory committees must be included in the Letters of Support section of the application.**

Applications are expected to describe all data sources required for proposed research projects and processes used to assure data access. Evidence of access to data from outside entities is expected to be documented by a data sharing agreement, memorandum of understanding, or Letter of Support detailing the data availability. **Documentation of data availability is expected to be included in the Letters of Support section of the application.**

**Evaluation/Performance Measurement**
Centers are expected to exert a sustained, powerful (transformative) influence on injury and/or violence prevention and control. The focus of each Center may vary based on regional needs and priorities, and the Center’s established research priorities, and should be supportive of the NCIPC research priorities. Overall, the research, prevention, intervention, outreach, education, translation, and evaluation efforts of a Center should focus on improving injury and/or violence prevention and control. All levels of Center efforts are expected to have a direct tie to measureable impacts. NCIPC strongly encourages the use of suitable evaluation techniques/tools and follow-up actions to help assess impact and outcomes.

Evaluation techniques, tools, and metrics include:

- Annual reports;
- Number, quality, and impact of researcher publications;
- Journal impact factor for research publications;
- Number, quality, and impact of Center staff presentations;
- Social media metrics;
- Number of students trained;
- Annual reviews of research projects and Center staff;
- External reviews;
- Identification of areas for growth;
- Leveraging of resources;
- Practice or organizational changes;
- Quality and impact of partnerships;
- Number of research or practice tools developed and disseminated; and
- Impact metrics (e.g. changes in risk and protective factors, morbidity and mortality outcome for target population, practice, and organizational changes).

Each ICRC should convene evaluation meetings, at least annually, to review the center’s progress around indicators and other center-specific goals, direction, successes, impacts and challenges. These meetings should provide an open exchange of ideas, information, approaches and knowledge on various topics including measures for: the effectiveness of ongoing translation research; contributions and value derived from linking researchers and stakeholders; effectiveness of outreach and education activities; emerging issues; effectively coordinating
research across disciplines; and the sustainability of established, effective prevention, intervention, outreach, and education efforts. NCIPC program staff will review and assess ICRC performance and progress towards goals through the collection of process and outcome data related to the indicators through each center’s completion of the annual progress reports. In order to collect these data, it is likely Office of Management and Budget (OMB) approval will be required and sought by NCIPC staff. If so, the applicant may be requested to work with CDC staff, as necessary, to develop, submit, and in, subsequent years, modify, an Office of Management and Budget Paperwork Reduction Act (OMB-PRA) package.

Translation Plan
A translation plan should be incorporated into the application. Translation includes activities around: translating an efficacious intervention into a practical prevention program; involving key intended recipients, stakeholders, or users in research projects; building capacity to promote dissemination and use; understanding strategies to support successful adoption and implementation; and disseminating an effective intervention widely, based on known properties of systems and delivery channels.

Section II. Award Information

<table>
<thead>
<tr>
<th>Funding Instrument Type:</th>
<th>Grant</th>
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<tbody>
<tr>
<td></td>
<td>A support mechanism providing money, property, or both to an eligible entity to carry out an approved project or activity.</td>
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</table>

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: $37,812,870
NCIPC intends to commit approximately $37,812,870 to fund up to nine (9) applications for this NOFO for a project period of up to five (5) years. The estimated total funding (direct and indirect) for the first 12-month budget period (estimated as August 1, 2019 to July 31, 2020) is approximately $7,562,574 for up to nine (9) applications. The estimated total funding per award (direct and indirect) for the entire 5-year project period (estimated as August 1, 2019 to July 31, 2024) is $4,201,430; with an estimated maximum annual funding of $840,286 per award, per year.

Anticipated Number of Awards: 9

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

<table>
<thead>
<tr>
<th>Award Ceiling:</th>
<th>$840,286 Per Budget Period</th>
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<tbody>
<tr>
<td>Award Floor:</td>
<td>$756,257 Per Budget Period</td>
</tr>
<tr>
<td>Total Period of Performance Length:</td>
<td>5 year(s)</td>
</tr>
</tbody>
</table>

Throughout the Period of Performance, 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 (https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf) will apply to the applications submitted and awards made in response to this NOFO.

### Section III. Eligibility Information

#### 1. Eligible Applicants

<table>
<thead>
<tr>
<th>Eligibility Category:</th>
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<tbody>
<tr>
<td>Public and State controlled institutions of higher education</td>
</tr>
<tr>
<td>Native American tribal governments (Federally recognized)</td>
</tr>
<tr>
<td>Native American tribal organizations (other than Federally recognized tribal governments)</td>
</tr>
<tr>
<td>Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education</td>
</tr>
<tr>
<td>Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education</td>
</tr>
<tr>
<td>Private institutions of higher education</td>
</tr>
<tr>
<td>For profit organizations other than small businesses</td>
</tr>
<tr>
<td>Small businesses</td>
</tr>
<tr>
<td>Unrestricted (i.e., open to any type of entity above), subject to any clarification in text field entitled &quot;Additional Information on Eligibility&quot;</td>
</tr>
</tbody>
</table>

Additional Eligibility Category:

The following types of Higher Education Institutions are always encouraged to apply for CDC support as Public or Private Institutions of Higher Education:

- Hispanic-serving Institutions
- Historically Black Colleges and Universities (HBCUs)
- Tribally Controlled Colleges and Universities (TCCUs)
- Alaska Native and Native Hawaiian Serving Institutions
Nonprofits Other Than Institutions of Higher Education:

Nonprofits (Other than Institutions of Higher Education)

Other:

Native American tribal organizations (other than Federally recognized tribal governments)
Faith-based or Community-based Organizations
Regional Organizations
Bona Fide Agents: a Bona Fide Agent is an agency/organization identified by the state as eligible to submit an application under the state eligibility in lieu of a state application. If applying as a bona fide agent of a state or local government, a legal, binding agreement from the state or local government as documentation of the status is required. Attach with "Other Attachment Forms" when submitting via www.grants.gov.

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 not include collaborators or consultants from foreign institutions. All applicable federal laws and policies apply.

3. Special Eligibility Requirements
N/A

4. Justification for Less than Maximum Competition
N/A

5. Responsiveness
Applications which do not meet all of the following Responsiveness criteria will be deemed “Non-Responsive” and will not be sent to Peer Review.
• The biosketch for the Center Director (Principal Investigator) must document significant and relevant expertise in conducting injury and/or violence prevention or control research. Both of the following are required to be properly documented in the application to demonstrate evidence of expertise:
  o The biosketch for the Center Director must include at least five peer-reviewed injury and/or violence related publications on which the Center Director is at least a senior author; the Center Director must be the first author on at least one of those publications. This must be documented by including the relevant publications in the principal investigator’s Biographical Sketch and identifying the relevant publications by bold text or highlight for obvious recognition.

• The biosketch for the Center Director (Principal Investigator) must document leadership in research development, conduct, and management for injury and/or violence prevention or control.
  o The biosketch for the Center Director must demonstrate evidence of having obtained grant funding and serving as the grant Principal Investigator within the last 10 years. The qualifying grant must be in the field of injury and/or violence prevention or control. Qualifying evidence of grant funding/PI service in the last 10 years must be included in the principal investigator’s Biographical Sketch and identified by bold text or highlighted for obvious recognition.

• The Letters of Support section must include evidence of strong institutional commitment to the proposed or existing ICRC. This is to be documented by letters of support, or memoranda of understanding or agreement detailing the nature and extent of support between the grantee institution and the ICRC proposed for funding under this NOFO. Documentation must be included in the Letters of Support section of the application.

• Existing and proposed partnerships, collaborations, and advisory committees must be documented (e.g., letter of support, Memorandum of Understanding, committee charter). Documentation of partnerships, collaborations and advisory committees must be included in the Letters of Support section of the application.

• The Introduction to the Research Core must include a table summarizing the major characteristics of each research project. Include the project number, title, Principal Investigator, project period, NCIPC research priority to be addressed, NCIPC Director's Priority to be addressed (if applicable), and involvement of human subjects.

• The research strategy section must not exceed the 100 page limit.

### 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.ns.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
• 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 recipient 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 recipient 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/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf).

10. Number of Applications
As defined in the HHS Grants Policy Statement, (https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf), applications received in response to the same Notice of Funding Opportunity 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 NOFO that is essentially the same as one currently pending initial peer review unless the applicant withdraws the pending application. Only one application per eligible institution (nominally identified by having a unique DUNS number) is allowed.

Eligible PDs/PIs may only submit one application to this NOFO.

If two or more applications from the same PD/PI and/or institution are received for this NOFO, the only application that will be submitted for review consideration will be the last application received based on the time and date stamp for submission in Grants.gov (https://www.grants.gov/). The applicant must ensure that duplicate applications are withdrawn prior to the application review date. Additionally, applicant institutions and/or PDs/PIs submitting applications with essentially the same proposed research to two or more CDC NOFOs will not be funded under more than one NOFO.

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 Office of Grants Services (OGS) Technical Information Management Section (TIMS) staff at (770) 488-2700 or ogstims@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
in this Notice of Funding Opportunity 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 NOFO 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 NOFO. 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/funding/424/index.htm.

**Duplication of Efforts**

Applicants are responsible for reporting if this application will result in programmatic, budgetary, or commitment overlap with another application or award (i.e. grant, cooperative agreement, or contract) submitted to another funding source in the same fiscal year. Programmatic overlap occurs when (1) substantially the same project is proposed in more than one application or is submitted to two or more funding sources for review and funding consideration or (2) a specific objective and the project design for accomplishing the objective are the same or closely related in two or more applications or awards, regardless of the funding source. Budgetary overlap occurs when duplicate or equivalent budgetary items (e.g., equipment, salaries) are requested in an application but already are provided by another source. Commitment overlap occurs when an individual’s time commitment exceeds 100 percent, whether or not salary support is requested in the application. Overlap, whether programmatic, budgetary, or commitment of an individual’s effort greater than 100 percent, is not permitted. Any overlap will be resolved by the CDC with the applicant and the PD/PI prior to award. Report Submission: The applicant must upload the report in Grants.gov under “Other Attachment Forms.” The document should be labeled: "Report on Programmatic, Budgetary, and Commitment Overlap.”

<table>
<thead>
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<th>3. Letter of Intent</th>
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Due Date for Letter of Intent: **05/03/2018**

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 CDC staff to estimate the potential review workload and plan the review.

By the date listed above, eligible applicants are asked to submit a letter of intent that includes the following information:

- Descriptive title of proposed ICRC
- Descriptive title of each proposed research project
Description (one-two paragraphs) of each proposed research project
Name, address, and telephone number of the proposed Center Director
Names of other key personnel (Core Directors, research project PIs, other key personnel)
Participating institutions
Number and title of this funding opportunity

The letter of intent should be sent to:

Dahna Batts, MD, FACEP
Scientific Research Official
Extramural Research Program Office
National Center for Injury Prevention and Control
Centers for Disease Control and Prevention (CDC)
4770 Buford Hwy. NE, Mailstop F-63
Atlanta, GA 30341
Telephone: (404) 639-2485
Email: DTB7@cdc.gov

4. Required and Optional Components
A complete application has many components, both required and optional. The forms package associated with this NOFO in Grants.gov includes all applicable components for this NOFO, 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 Notices of Funding Opportunities (NOFOs). Specifically, some of the following 16 components are for Resubmissions or Revisions only. See the SF 424 (R&R) Application Guide https://grants.nih.gov/grants/how-to-apply-application-guide/forms-e/general-forms-e.pdf and here: https://apply07.grants.gov/apply/forms/sample/SF424B-V1.1.pdf for additional information. Please attach applicable sections of the following Research Plan components as directed in Part 2, Section 1 (Notice of Funding Opportunity Description). Follow the page limits stated in the SF 424 (R&R) unless otherwise specified in the NOFO. As applicable to and specified in the NOFO, 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 NOFO.
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 (R&R) Application Guide unless otherwise specified in the NOFO. All instructions in the SF424 (R&R) Application Guide [https://grants.nih.gov/grants/how-to-apply-application-guide/forms-e/general-forms-e.pdf](https://grants.nih.gov/grants/how-to-apply-application-guide/forms-e/general-forms-e.pdf) and here: [https://apply07.grants.gov/apply/forms/sample/SF424B-V1.1.pdf](https://apply07.grants.gov/apply/forms/sample/SF424B-V1.1.pdf) must be followed along with any additional instructions provided in the NOFO.

Applicants that plan to collect public health data must submit a Data Management Plan (DMP) in the Resource Sharing Plan section of the PHS 398 Research Plan Component of the application. A DMP is required for each collection of public health data proposed. Applicants who contend that the public health data they collect or create are not appropriate for release must justify that contention in the DMP submitted with their application for CDC funds.

The DMP may be outlined in a narrative format or as a checklist but, at a minimum, should include:

- Descriptions of the data to be produced in the proposed project
- How access will be provided to the data (including provisions for protection of privacy, confidentiality, security, intellectual property, or other rights)
• Use of data standards that ensure all released data have appropriate documentation that describes the method of collection, what the data represent, and potential limitations for use
• Plans for archival and long-term preservation of the data, or explaining why long-term preservation and access cannot be justified
Examples of DMPs may be found here: University of California https://dmp.cdlib.org/, or USGS, http://www.usgs.gov/datamanagement/plan/dmplans.php

The instructions in 5. PHS 398 Research Plan Component for item 1 (Introduction to Application) does not apply to this NOFO.

The instructions in 5. PHS 398 Research Plan Component for item 2 (Specific Aims) applies to this NOFO. Describe the specific aims for the ICRC as a whole; specific aims for the cores and research projects will be described separately (see below for details).

The instructions in 5. PHS 398 Research Plan Component for item 3 (Research Strategy) applies to this NOFO (see below for details).

The instructions in 5. PHS 398 Research Plan Component for item 4 (Inclusion Enrollment Report) does not apply to this NOFO; however the Targeted/Planned Enrollment Table will need to be included for each research project (see below for details).

The instructions in 5. PHS 398 Research Plan Component for item 5 (Progress Report Publication List) does not apply to this NOFO.

The instructions in 5. PHS 398 Research Plan Component for items 6, 7, 8, and 9 (Human Subjects Section) applies to this NOFO. The Research Core must include a table of all planned research projects (see below for details), The relevant information for each of the research projects must be discussed in the Human Subjects Sections.

The instructions in 5. PHS 398 Research Plan Component for item 10 (Vertebrate Animal) complete if necessary.

The instructions in 5. PHS 398 Research Plan Component for item 11 (Select Agent Research) complete if necessary.

The instructions in 5. PHS 398 Research Plan Component for item 12 (Multiple PD/PI Leadership Plan) does not apply to this NOFO.

The instructions in 5. PHS 398 Research Plan Component for item 13 (Consortium/Contractual Arrangements) complete if necessary.

The instructions in 5. PHS 398 Research Plan Component for item 14 (Letters of Support) complete if necessary; note previous guidance in Section III. Eligibility Information 5 Responsiveness.

The instructions in 5. PHS 398 Research Plan Component for item 15 (Resourse Sharing Plan(s)) applies to this NOFO; note guidance in Section V. Application Review Information 3 Additional Review Consideration for Resource Sharing Plan(s) and Section VI. Award Administration Information 2 CDC Administrative Requirements for AR-25: Data Management and Access.
The instructions in 5. PHS 398 Research Plan Component for item 16 (Appendix) applies to this NOFO; note guidance in Section IV. Application and Submission information 6 Appendix.

Research Strategy

The Research Strategy section of the application will contain over-arching information about the Center, and descriptions of each Core, each proposed research project, and the Exploratory Research Project Program (if applicable).

For this NOFO, the “Research Strategy” section is limited to 100 pages.

The following page limits for each section also apply. Please note that all of the following sections are expected to be included in the “Research Strategy” section of the application and are part of the 100 page limit for that section.

Page Limits:

- Overall Description of the Proposed Injury Control Research Center (up to 10 pages)
- Past Performance and Accomplishments (up to 5 pages)
- Institutional Commitment to the ICRC (up to 4 pages)
- Description of the Administrative Core (up to 11 pages)
- Description of the Outreach Core (up to 11 pages)
- Description of the Training and Education Core (up to 11 pages)
- Description of Research Core (up to 48 pages; including Research Projects and Exploratory Research Program)
  - Description of each Research Project (up to 44 pages; 11 pages for each of the four research projects)
  - Description of Exploratory Research Project Program (up to 4 pages total)

Applications with a Research Strategy exceeding 100 pages will be deemed non-responsive to this NOFO and will not be forwarded to Peer Review.

Research Strategy Sections

Overall Description of the Proposed Injury Control Research Center (up to 10 pages)

Applicants should clearly describe the overall mission, goals, and organizational and operational structure of the ICRC.

ICRCs are to develop a range of activities that are designed to advance the field of injury and/or violence prevention and control through development of new scientific or surveillance methods, creation of new knowledge, and translation of knowledge into training, program and policy development, and evaluation research/activities or other applications that will ultimately reduce injuries and/or violence or their effects. This section should include an overall description of the proposed Center, including its goals and objectives, and provide an overview for how the proposed activities across the multiple components of the ICRC (i.e. outreach, training and education, and research) will be coordinated and integrated, and how the proposed activities are expected to have an impact on injury and/or violence prevention and control. Applications should also articulate how the activities of their program are integrated within the Center and with the state and local health departments, community partners, and other non-governmental
organizations within the Center’s area and region. Letters of support detailing the nature and extent of the involvement of the interested parties should be included in the application.

Past Performance and Accomplishments (up to 5 pages)

Clearly describe past performance and accomplishments of the proposed Center; focus on the activities and research conducted over the past 5 years, especially those related to NCIPC’s research priorities (https://www.cdc.gov/injury/pdfs/researchpriorities/cdc-injury-research-priorities.pdf) and the NCIPC Director's Priorities (http://www.cdc.gov/injury/about). Clearly describe the performance and accomplishments of the Principal Investigator and other key personnel that are relevant to the success of an ICRC.

Examples of performance and accomplishments include: completion of high quality research projects; publication of findings in peer reviewed scientific and technical journals; journal impact factor of the publications; number of professionals trained; development of pilot projects; descriptions of successful collaborations; awards received; ongoing provision of consultation and technical assistance; integration of disciplines; translation research; and impact on injury and violence prevention and control outcomes.

Institutional Commitment to the ICRC (up to 4 pages)

Applicants are expected to provide evidence (including letters of support) of strong institutional commitment to the proposed ICRC, including the ability to develop and maintain the necessary infrastructure for the Center. Ensuring that an ICRC has the full support of, and access to, the diverse resources available at the parent institution is critical in synergizing the efforts, impacts, and outcomes of NCIPC funding. Institutional commitment may take the form of office space, personnel, equipment, other resources, return of indirect costs, additional funding, resource allocation, faculty release time, acquisition of scientific equipment and supplies, capital improvements for program facilities, travel and meeting/conference support.

The direct salary limits for individuals funded under this funding opportunity follow the NIH guidelines and are restricted to Executive Level I of the Federal Executive Pay scale (http://grants.nih.gov/grants/guide/notice-files/NOT-OD-10-041.html). If the institution decides to pay an individual's salary in excess of the salary cap, it must be paid with non-CDC funds.

Description of the Administrative Core (up to 11 pages)

Applicants are expected to clearly explain how the administrative core will achieve effective and efficient administrative functions of the ICRC.

Applicants should include descriptions of the following elements:

- Charts showing the proposed organizational structure of the ICRC and its relationship to the broader institution of which it is a part and, where applicable, to affiliate institutions or collaborating organizations. These charts should clearly detail the lines of authority as they relate to the Center, both structurally and operationally. ICRC Directors should report to an appropriate organizational level (e.g. Dean of a school, Vice-President of a
University, or Commissioner of Health), demonstrating strong institution-wide support of ICRC activities, and ensuring oversight of the process of interdisciplinary activity.

- The qualifications of the principal investigator and the planned percentage of time that he/she will devote to the ICRC should be included along with descriptions of other ICRC faculty and staff, their role and planned percent of effort.
- A description of the personnel and resources required to accomplish the goals and objectives of the Center.
- How the Center will enhance ongoing programs, assist in the introduction of new programs, respond to future challenges and opportunities, promote collaborations, and achieve progress in prevention and control of injuries and/or violence.
- How defuse disciplines will be integrated to achieve the ICRC’s objectives.
- Documentation of the public health agencies and other public and private sector entities to be involved in the proposed program, including letters of support that detail commitments of support and a clear statement of the role, activities, and participating personnel of each agency or entity.
- Clearly describe the organization, structure, role, and general operating principals of the Internal and External Advisory Committees.
- Plans for the sustainability and long-term management of the Center, including the development and mentoring of replacements for key leadership (including the Principal Investigator) and plans for the continued operation of the Center. This includes plans for continued operation of the Center after the period of support offered in this funding opportunity is completed and plans for the continuation of the Center if additional funding from CDC (after this funding opportunity is complete) is not obtained.

Description of the Outreach Core (up to 11 pages)

Applicants should provide a description of how the proposed outreach activities will be integrated into the goals and overall mission of the Center.

Applicants should also provide:

- A description of how the Center will collaborate with the institutions, businesses, community groups, and other governmental and non-governmental bodies.
- A description of how the outreach activities will result in evidence-based prevention or intervention findings, best practices, tools, approaches, technologies, or guidelines reaching the people who can benefit from them.
- A description of how the Center will provide technical assistance to the institutions, businesses, community groups, or agencies located within the Center’s target geographic area.
- A description of the Center’s translation activities.
- A description of how the Center’s findings, methods, and tools will be disseminated and made available to different audiences, and how the Center’s stakeholders (e.g., practitioners, community members) will be kept abreast of accomplishments.
- A description of a communication and dissemination plan to share Center accomplishments with partners and potential stakeholders.
• Documentation of the public health agencies and other public and private sector entities to be involved in outreach, including letters of support that detail commitments of support and a clear statement of the role, activities, and participating personnel of each agency or entity.

Description of the Training and Education Core (up to 11 pages)

Applicants should provide a description of how the proposed training and education activities will be integrated into the goals and overall mission of the Center. Describe how the proposed training and education will advance the field of injury and/or violence prevention and control.

Applicants should also provide:

• A detailed description of proposed training and education activities; including the intended audience, curricula and degrees offered
• Evidence of previous research training and education experience in the areas of injury and/or violence prevention and control
• Experience in conducting mentoring and career development activities
• Plans for cross-disciplinary training
• Plans for outreach training activities and technical assistance with institutions, businesses, community groups or agencies
• Adequacy of the training facilities
• Methods for documenting and evaluating the success of the training and education core

Description of Research Core (up to 48 pages; including Research Projects and Exploratory Research Program)

Applicants should provide a description of how the proposed research projects will be into the goals and overall mission of the Center. Applicants should also describe the Center support that will be available to all of the research projects (e.g., computer/technical support, statistical support, support with development of presentations and publications).

The Introduction to the Research Core must include a table summarizing the major characteristics of each research project. Include the project number, title, Principal Investigator, project period, NCIPC research priority to be addressed, NCIPC Director's Priority to be addressed (if applicable), and involvement of human subjects.

• Description of Each Research Project (up to 44 pages; 11 pages for each of the four research projects)

Provide a description of each research project including the project title, names of the PI and co-investigators including institutional affiliations; clearly describe the specific aims and the research plan (significance, innovation, and approach); identify the project period; and provide the total budget for the project (direct and indirect costs) and each annual budget (direct and
indirect costs). If human subjects are involved, a section on the protection of human subjects for the research project is expected to be included in the human subjects section. The human subjects section is not part of the Research Strategy.

The description of each project should be similar in scope to that of a R03 type grant application. NIH defines the R03 grant mechanism as one that supports research projects that can be carried out in a relatively short period of time with limited resources. Clearly describe the significance of each research project and each research plan. The level of detail should be sufficient to review and critique the scientific and technical merit of the proposed project.

- **Description of the Exploratory Research Project Program (up to 4 pages total)**

Provide a description of the procedures that will be used to administer the exploratory research project program. Descriptions of the exploratory projects themselves are not required. Instead, applications are expected to focus on how this program will be structured and managed as noted above.

- **Supporting Information for the Research Core**

The following sections are not part of the Research Strategy section and not part of the page limit for the Research Strategy: human subject enrollment tables, references, and the detailed budget.

1. Place the human subject Targeted/Planned Enrollment Tables for each project in the Targeted/Planned Enrollment Table section of the application. Clearly mark each table with the name of the research project. Include a 1-page Human Subjects Summary Table that lists all of the the projects involving human subject research. Include the PI's name, project title, project period, performance site(s), FWAs and IRB approval status.

2. Place the references in the Bibliography& References Cited section of the application. It is suggested that you use subheading (e.g. Administrative Core; Outreach Core; Research Project 1) to identify which references belong to which section of the application.

**Supporting Information for the Research Strategy**

The following sections are not part of the Research Strategy section and not part of the page limit for the Research Strategy: human subject enrollment tables, references, and the detailed budgets.

*Human Subjects*

Place the human subjects Targeted/Planned Enrollment Tables for each project in the Targeted/Planned Enrollment Table section of the application. Clearly mark each table with the research project title. Include a 1-page Human Subjects Summary Table that lists all of the projects involving human subjects research. Include the Research Project Number, PI's name, project title, project period, performance site(s), FWAs and IRB approval status.

*References*
Place the references in the Bibliography & References Cited section of the application. Use subheadings (e.g., Administrative Core, Outreach Core, Research Project #1, etc) to identify which references belong to which component of the application.

Budget Pages

Applications are expected to include a detailed budget for the overall application, a separate detailed budget for each core (Administrative Core, Outreach Core, Training and Education Core, and Research Core), a detailed budget for each proposed research project, and a detailed budget for the Exploratory Research Project Program. The budgets for the Core areas, research projects, and Exploratory Research Project Program should be listed as subawards on the SF424 R&R form. The application is expected to include a separate detailed budget for each year of support requested for the overall application and for each subaward. The SF 424 R&R form will generate a cumulative budget for the total project period.

Each subaward budget should be clearly titled (e.g., Administrative Core budget year 1, Research Project 1 for budget year 2, etc).

For each budget component, the project roles listed in the budget component should be consistent with those used in the Senior/Key Person component.

A budget justification narrative is expected to be submitted with each budget. This includes the overall budget and each subaward budget for each year of support requested.

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.

The 3 not publicly available publications described above, and the 5 PDF files of supporting materials for the Research Plan described below are part of the 10 total allowable PDF documents. The 25 page limit for the appendices described below includes the 10 total allowable PDF documents.

7. Page Limitations

All page limitations described in this individual NOFO must be followed. For this specific NOFO, the Research Strategy component of the Research Plan narrative is limited to 100 pages. Supporting materials for the Research Plan narrative included as appendices may not exceed 5 PDF files with a maximum of 25 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**
9. Submission Dates & Times

Part 1. 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 (https://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).

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; ogstimscdc.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 NOFO (ogstims@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:** 08/06/2018

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)

Your application is subject to Intergovernmental Review of Federal Programs, as governed by Executive Order 12372 ([http://www.archives.gov/federal-register/codification/executive-order/12372.html](http://www.archives.gov/federal-register/codification/executive-order/12372.html)). This order sets up a system for state and local review of proposed federal assistance applications. You should contact your state single point of contact (SPOC) as early as possible to alert the SPOC to prospective applications, and to receive instructions on your state’s process. Click on the following link to get the current SPOC list: [http://www.whitehouse.gov/omb/grants_s poc/](http://www.whitehouse.gov/omb/grants_s poc/).

### 11. Funding Restrictions

All HHS/CDC awards are subject to the federal regulations, 45 CFR 75, terms and conditions, and other requirements described in the HHS Grants Policy Statement. Pre-award costs may be allowable as an expanded authority, but only if authorized by CDC.

In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability ([https://www.cdc.gov/grants/additionalrequirements/ar-35.html](https://www.cdc.gov/grants/additionalrequirements/ar-35.html)).

For more information on expanded authority and pre-award costs, go to: [https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf](https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf).

CDC requires that mechanisms for, and cost of, public health data sharing be included in grants, cooperative agreements, and contracts. The cost of sharing or archiving public health data may also be included as part of the total budget requested for first-time or continuation awards. Fulfilling the data-sharing requirement must be documented in a Data Management Plan (DMP) that is developed during the project planning phase prior to the initiation of generating or collecting public health data and must be included in the Resource Sharing Plan(s) section of
the PHS398 Research Plan Component of the application.
Applicants who contend that the public health data they collect or create are not appropriate for release must justify that contention in the DMP submitted with their application for CDC funds (for example, privacy and confidentiality considerations, embargo issues).
Recipients who fail to release public health data in a timely fashion will be subject to procedures normally used to address lack of compliance (for example, reduction in funding, restriction of funds, or award termination) consistent with 45 CFR 74.62 or other authorities as appropriate. For further information, please see: https://www.cdc.gov/grants/additionalrequirements/ar-25.html for revised AR-25.

Indirect costs for training and outreach related activities are limited to eight percent (8%).
Travel expenses to Atlanta, Georgia, to attend annual one/two day work-in-progress meetings should be included in the proposed budget.

The direct salary limits for individuals under this grant follow the NIH guidelines and are restricted to Executive Level I of the Federal Executive Pay scale (http://grants.nih.gov/grants/guide/notice-files/NOT-OD-10-041.html). An individual's base salary, per se, is NOT constrained by this provision. The rate limitation simply limits the amount that may be awarded and charged to this grant. An institution may pay an individual's salary amount in excess of the salary cap with non-CDC federal funds. For the purposes of the salary limitation, the terms "direct salary," "salary," and "institutional base salary" have the same meaning and are exclusive of fringe benefits and facilities and administrative (F&A) expenses, also referred to as indirect costs. An individual's institutional base salary is the annual compensation that the applicant organization pays for an individual's appointment, whether that individual's time is spent on research, teaching, patient care, or other activities. Base salary excludes any income that an individual may be permitted to earn outside of the duties to the applicant organization. Current and historical information on the applicable salary cap for each fiscal year is found on the OER Salary Cap Summary webpage.

12. Other Submission Requirements and Information

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/Electronic_Receipt/avoiding_errors.htm or http://grants.nih.gov/grants/Electronic_Receipt/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?

Do Center overall aims address NCIPC research priorities? Do the proposed research projects in the Research Core address specific research questions identified within the NCIPC research priorities? Does the combined activities of the Core Areas (Administrative, Outreach, Training and Education, and Research) and research projects address important problems or critical barriers to progress in the field? If the aims of the Center 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? What is the potential impact of the Center in addressing a local, state, regional, or national health need related to injury and/or violence prevention and control? Does the creation or continuation of a particular Center push forward the field of injury and/or violence prevention and control, and is it a resource to the region?

**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?

To what extent does the Center Director have adequate leadership ability, scientific stature, and commitment of time to adequately manage a national Injury Control Research Center? Does the Center Director report to an appropriate institutional official, e.g., Dean of a school, Vice-President of a University, or Commissioner of Health? Has the Center Director committed at least thirty-five percent (35%) effort devoted solely to this grant for each budget year? Has the Center Director conducted injury and/or violence prevention and control research? To what extent does the Center Director demonstrate a relevant experience in injury/violence prevention research? To what extent is the Center Director's experience appropriate for the depth and breadth of the proposed Center research and activities? Has this been documented by listing the relevant publication(s) under the “Selected peer-reviewed publications” section of the principal investigator’s Biographical Sketch page in the application?

To what extent do the Core Directors have adequate leadership and management ability, scientific and professional training and education, and commitment of time to meet the specific aims of their core area?

Is there a plan for succession of key personnel including the PI?

**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?

To what extent are novel administrative models, research methods, research topics, or potentially synergistic project relationships proposed that may enhance the potential of the field of injury and/or violence prevention and control?

Does the applicant incorporate, as appropriate to the proposed research, systems thinking, population-level approaches, community-based participatory research, shared risk and protective factors, or translation research into the research projects?

To what extent will the integration of the proposed research, training, and outreach plans lead to the translation of scientific discoveries into practice for the prevention and control of injury and violence?

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?

Are key stakeholders involved at all stages of projects (is there support for a research to practice/practice to research exchange)? Do the proposed Center activities adequately address the mission and priorities of NCIPC and the distinct characteristics and needs of the geographic region in which the Center will focus efforts? Are there appropriate administrative arrangements and facilities to stimulate collaboration among constituent projects and personnel? Are there adequate connections among the proposed research, outreach, and education projects to build a synergistic overall program? Do the goals of the Center address translation research?

To what extent do the long-term goals of the proposed Center support the NCIPC research priorities?

Is the establishment of internal and external advisory committees adequately explained? Does the applicant provide evidence of the ability to create and maintain partnerships?

To what extent are the evaluation techniques, tools, and metrics presented appropriate for measurement and evaluation of proposed Center's performance? (Examples include, but are not limited to: annual reports; number, quality, and impact of researcher publications; journal impact factor for research publications; number, quality, and impact of Center staff presentations; social media metrics; number of students trained; annual reviews of research projects and Center staff; external reviews; identification of areas for growth; leveraging of resources; practice or organizational changes; quality and impact of partnerships, or impact metrics)?

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?

How strong is the institutional commitment to the proposed Center?

To what extent do the plans for institutional funding provide for continued support beyond the five years of NCIPC support? Are there plans for sustainability of the Center after the five years of CDC support if additional funding from CDC is not obtained?

Is there adequate management depth to provide long-term continuity of Center leadership? Are charts included that show the proposed organizational structure of the ICRC and its relationship to the broader institution of which it is a part? Is there a strong description of the personnel and resources required to accomplish the goals and objectives of the Center? Are letters of support provided from the public health agencies and other public and private sector entities to be involved in the proposed program, and do they detail commitments of support and a clear statement of the role, activities, and participating personnel of each entity?

REVIEW CRITERIA FOR THE ADMINISTRATIVE CORE

Significance

To what extent is the rationale for the operational plan for managing the ICRC and the activities described and likely to achieve the ICRC goals and provide optimum support for the core activities and proposed research projects? Are there adequate overall plans for administration and management of the ICRC to support all facets of the operation of the Center? Is the Center Director adequately supported? Does the administrative structure facilitate communication among the Center leaders and the program directors? Does the Center have strong leaders who are capable of providing scientific leadership for the administration and integration of the program? Does the Center Director show the ability to lead a highly integrated and collaborative program of research, prevention, intervention development, evaluation, and translation projects?

Investigator(s)

To what extent does the Administrative Core Director have adequate leadership and management ability, scientific and professional training and education, and commitment of time to meet the specific aims of this core area? To what extent is the Administrative Core Director qualified to plan, manage, and conduct the proposed activities?

To what extent are the key personnel appropriately trained and prepared to conduct the duties of their rode?

Innovation

To what extent are novel administrative models, or potentially synergistic partnerships and collaborations proposed that may enhance the potential of the field of injury and/or violence prevention and control?
To what extent are the organization and proposed activities for the Internal and External Advisory boards innovative and likely to enhance the ability of the Center to achieve the proposed specific aims?

**Approach**

Does the administrative core provide a mechanism for planning, coordinating, and monitoring the research, prevention, intervention, and education activities of the Center? Does the administrative core provide oversight of the Center’s outreach, translation, and evaluation efforts? Does the administrative core provide a mechanism for integrating cross-discipline expertise at the institution, state/local, and community level? Does the administrative core provide a mechanism for overseeing fiscal and resource management? Does the administrative core provide a mechanism for managing internal and external advisory committees? Does the administrative core provide a mechanism for planning and conducting seminars, meetings, workshops, advisory committee meetings or conferences? Does the administrative core provide a mechanism for preparing and publishing annual reports? Does the administrative core provide a mechanism to integrate professionals and practitioners from a wide spectrum of disciplines to perform injury and/or violence prevention and control research? Does the administrative core provide a mechanism (e.g. database) for capturing indicators of success (e.g. number of publications, number of students trained, number of times findings are shared with key stakeholders, etc.) of the Center?

**Environment**

To what extent are the proposed partnerships, collaborations, and advisory boards well defined?

If successfully implemented as planned, to what extent will the proposed partnerships, collaborations, and advisory boards lead to the successful completion of the proposed specific aims?

**REVIEW CRITERIA FOR THE OUTREACH CORE**

**Significance**

Does the program facilitate the translation of injury and/or violence prevention findings into practice and/or policy? Will the proposed activities have an impact on practitioner’s ability to improve injury prevention and control? Does the applicant provide a description of how outreach activities will result in evidence-based prevention or intervention findings, best practices, tools, approaches, technologies, or guidelines reaching the people who can benefit from them? What is the potential impact of the outreach program in meeting regional and national needs for injury and/or violence prevention and control? What is the potential of the outreach component to implement effective interventions in injury and/or violence prevention and control?

**Investigator(s)**

To what extent does the Outreach Core Director have adequate leadership and management ability, scientific and professional training and education, and commitment of time to meet the specific aims of this core area? To what extent is the Outreach Core Director
qualified to plan, manage, and conduct the proposed activities

To what extent are the key personnel appropriately trained and prepared to conduct the duties of their rode?

**Innovation**

To what extent are novel outreach methods, topic areas, or target audiences proposed that may enhance the potential of the field of injury and/or violence prevention and control?

**Approach**

Does the description of the outreach core adequately address activities that will incorporate practitioner or other agencies and institutions located within the Center’s target area? Does the description for providing technical assistance include institutions, businesses, community groups, or agencies located within the Center’s target geographic area? Is there a description of the Center’s translation activities? How will the Center’s findings, methods, and tools be disseminated? How will Center’s stakeholders (e.g., practitioners, community members) be kept abreast of accomplishments? How will Center’s stakeholders inform the Center’s research projects? Are the proposed outreach activities and materials culturally, linguistically, and educationally appropriate? Is the evaluation plan for impact appropriate? Do planned outreach activities actively engage practitioners and the community at the start of projects to facilitate the translation of research and training products? Does the Center propose innovative social marketing and other approaches that target important topics in injury and/or violence prevention and control at the community, regional, state, or national level?

**Environment**

Are appropriate injury prevention constituents (other education and research institutions, businesses, community groups, community-based organizations; state and local governments, state and local health departments, and other non-governmental organizations) collaboratively engaged in the program? Are there defined plans to collaborate with other NCIPC funded Centers or programs? Does applicant provide evidence of successful experiences of active collaborations with other NCIPC funded Centers, programs and local partners? Is documentation provided of the public health agencies and other public and private sector entities to be involved in outreach, including letters of support that detail commitments of support and a clear statement of the role, activities, and participating personnel of each agency or entity? Does the applicant discuss plans for a working relationship with a NCIPC funded program? Will a representative of the Core State Violence and Injury Prevention Program’s Regional Network Collaborating Organization be a member of the Center’s external advisory board?

**REVIEW CRITERIA FOR THE TRAINING AND EDUCATION CORE**

**Significance**

What is the potential impact of the training programs in meeting the regional and national needs for injury and/or violence prevention and control? What is the potential of the training component to train injury and/or violence prevention professionals?

**Training Staff (Investigators)**
To what extent does the Training and Education Core Director have adequate leadership and management ability, scientific and professional training and education, and commitment of time to meet the specific aims of this core area? To what extent is the Training and Education Core Director qualified to plan, manage, and conduct the proposed activities?

What are the qualifications of the Director and faculty in delivering academic and/or short course training in the proposed field? For doctoral and post-doctoral training programs, what are the accomplishments of the teaching staff and mentors as research investigators in injury and/or violence prevention and control? Do the faculty and staff have evidence of peer-reviewed publications and research grant support?

**Innovation**

Does the academic program involve new and innovative approaches to training and education relevant to the injury and/or violence prevention and control field?

**Approach**

Are the curriculum content and design, the formal training objectives, and the plans to meet the professional needs adequate to meet the training objectives of the Center? Is the course content adequate to achieve the proposed degree? Are the courses, course sequence, time devoted to lecture, laboratory, and field experience, and the nature of specific field and clinical experiences including their relationships with didactic programs consistent with a high quality, innovative program, and sufficient to meet professional needs? How well does this program integrate with and complement other academic programs in the parent institution? Is there adequate consideration of requirements for information dissemination and special training needs that may be peculiar to the targeted area? Are there methods and approaches in place to evaluate training accomplishments and to document the professionals trained during the five-year period? Does the applicant propose collaborative inquiry and adaptive action methods? Are there plans for continuing education for researchers and practitioners? Is educational outreach to the injury research community sufficiently detailed? Are course selections based on NCIPC research priorities? Will the applicant collaborate with other departments, academic institutions, and ICRCs in order to minimize duplication of training and education programs and maximize cost effectiveness?

**Environment**

Are the quality, sufficiency, and multidisciplinary character of the training and research environment well described? Is there evidence of an institutional commitment to the program goals and the relationship of this program to the broader ICRC program? Is there a record of success in obtaining outside support to supplement the academic program such as other federal grants, support from states and other public agencies, and support from the private sector? Are training facilities adequate? Does applicant propose to document and evaluate the success of the training and education core?

**REVIEW CRITERIA FOR THE RESEARCH CORE**

The Research Core provides the overall management and support for the individual research projects and, if included in the application, the management and support of the of the exploratory research program. A list of exploratory research projects is not required in the
application. Instead, applications proposing exploratory research should focus on how the exploratory research project program will be structured and managed; including the procedures for advertising, reviewing, selecting, managing, and evaluating the funded projects.

The majority of the criteria below refer to the Research Core's management and support for the individual research projects. Specific criteria under "Significance" and "Approach" refer to evaluating the scientific merit of the exploratory research program.

Review criteria for the individual research projects are included in the following section "Research Projects".

**Significance**

To what extent do the proposed research projects support the Center's specific aims and the NCIPC Research Priorities and NCIPC Director's Priorities?

Are the goals for the exploratory research project program well described? Does the program demonstrate a high degree of overlap with the objectives and the missions of the proposed Center and NCIPC research priorities?

**Investigator(s)**

To what extent does the Research Core Director have adequate leadership and management ability, scientific and professional training and education, and commitment of time to meet the specific aims of this core area? To what extent is the Research Core Director qualified to plan, manage, and conduct the proposed activities?

To what extent are the key personnel appropriately trained and prepared to conduct the duties of their rode?

**Innovation**

To what extent does the Core organization and proposed activities innovatively support the conduct of the research project to achieve the specific aims of the research projects?

**Approach**

Does the description of the Research Core adequately describe how the core activities will support the research plans for the individual research projects?

Is the plan to conduct the exploratory research projects program adequate? This includes the adequacy of procedures for reviewing and funding projects, the scientific review mechanism, and program quality assurance. Does the applicant encourage participation by other investigators interested in injury and/or violence prevention and control either within the institution, regional institutions, other ICRCs, or the Center’s stakeholders and community partners (including state and local health agencies and non-profit, community and non-governmental organizations)? Does the applicant address how each exploratory research project funding opportunity will be announced, reviewed, tracked, and shared? Is there a mechanism for tracking the results of each exploratory research project (abstract, RO1 submission, dissertation, etc.)?

**Environment**

To what extent does the Center's research environment contribute the the probability of success
for the individual research projects and the Exploratory Research Project Program?

**RESEARCH PROJECTS**

Each application is expected to conduct at least four research projects during the project period, with at least 2 research projects active each year. All of the research projects must focus on NCIPC research priorities ([https://www.cdc.gov/injury/pdfs/researchpriorities/cdc-injury-research-priorities.pdf](https://www.cdc.gov/injury/pdfs/researchpriorities/cdc-injury-research-priorities.pdf)), and at least half of the research projects must address the NCIPC Director's Priorities of opioid overdose, suicide, or adverse childhood experiences ([http://www.cdc.gov/injury/about](http://www.cdc.gov/injury/about)). At least one research project should address a component of translation research. In addition, at least one research project should target a priority population group (underserved populations: e.g., rural residents, American Indian/Alaska natives, veterans).

The description of these projects in the application are not expected to have the same level of detail as found in an R01 application. Reviewers will be instructed to evaluate the projects differently than they would an R01 application. They will be instructed to focus on the general approach to the problem, the justification for the proposed work, and any pilot work or preliminary data that was provided. The background information, goals and approach (including time-line) of the proposed research should be clearly described. The significance of each research project and each research plan should be sufficient for review and critique of the scientific and technical merit of the proposed project.

**Significance**

Does this study address an important problem? If the applicant achieves the aims of the application, how will it advance scientific knowledge or clinical practice? What will be the effect of these studies on the concepts, methods, technologies, treatments, or interventions that drive this field?

**Investigators**

Are the investigators appropriately trained and well suited to carry out this work? Is the work proposed appropriate to the experience level of the principal investigator and other researchers? Does the investigative team bring complementary and integrated expertise to the project (if applicable)?

**Innovation**

Is the project original and innovative? For example, does the project challenge existing paradigms or clinical practice; address an innovative hypothesis or critical barrier to progress in the field? Does the project develop or employ novel concepts, approaches, methodologies, tools, or technologies for this area?

**Approach**

Are the conceptual or clinical framework, design, methods, and analyses adequately developed, well integrated, well-reasoned, and appropriate to the aims of the project? Does the project include plans to measure progress toward achieving the stated objectives? Is there an appropriate work plan included? Are there plans for translation of the research findings? Does the applicant acknowledge potential problem areas and consider alternative tactics? Does at least one research project address translation research? Does at least one research project target
a priority population group (underserved populations: e.g., rural residents, American Indian/Alaska natives, veterans). To what extent do the research projects address NCIPC’s research priorities? To what extent do the research projects incorporate systems thinking, population-level approaches, community-based participatory research, action research, or a shared risk and protective factor approach as appropriate for the proposed research? To what extent do the research plans incorporate rigorous quantitative and qualitative scientific research methodologies and designs?

Does the applicant provide a table describing each research project including the project title, names of the PI and co-investigators including institutional affiliations, project period, specific aims, and a research plan section (significance, innovation, and approach)?

**Environment**

Does the scientific environment in which the work will be done contribute to the probability of success? Do the proposed studies benefit from unique features of the scientific environment or subject populations, or employ useful collaborative arrangements? Is there evidence of institutional support? Is there an appropriate degree of commitment and cooperation by other interested parties as evidenced by letters of support detailing the nature and extent of their involvement?

**Other Considerations**

Because projects can be carried out in a short period of time with limited resources, their description in the application will not have the same level of detail as found in an R01 application. Accordingly, reviewers will be instructed to evaluate the projects differently than they would an R01 application. Reviewers will be instructed to focus their assessment of the scientific rigor and merit of the proposed research on the general approach to the problem, the justification for the proposed work, and any pilot work or preliminary data that was provided.

### 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 (https://www.cdc.gov/maso/Policy/Policy_women.pdf) and the policy on the Inclusion of Persons Under 21 in Research (https://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 (https://grants.nih.gov/grants/olaw/VASchecklist.pdf).

**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/dualuse/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 Plan(s)**

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: [https://www.cdc.gov/grants/additionalrequirements/ar-25.html](https://www.cdc.gov/grants/additionalrequirements/ar-25.html)

New additional requirement: CDC requires recipients for projects and programs that involve data collection or generation of data with federal funds to develop and submit a Data Management Plan (DMP) for each collection of public health data.

Investigators responding to this notice of funding opportunity should include a detailed DMP in the Resource Sharing Plan(s) section of the PHS 398 Research Plan Component of the application. The [AR-25](https://www.cdc.gov/grants/additionalrequirements/ar-25.html) outlines the components of a DMP and provides additional information for investigators regarding the requirements for data accessibility, storage, and preservation.

The DMP should be developed during the project planning phase prior to the initiation of collecting or generating public health data and will be submitted with the application. The submitted DMP will be evaluated for completeness and quality at the time of submission.

The DMP should include, at a minimum, a description of the following:

- Type of data to be produced in the proposed project;
- Mechanisms for providing access to and sharing of the data (including provisions for the protection of privacy, confidentiality, security, intellectual property, or other rights);
- Use of data standards that ensure all released data have appropriate documentation that describes the method of collection, what the data represent, and potential limitations for use; and
- Plans for archiving and long-term preservation of the data, or explaining why long-term preservation and access are not justified.

Applications submitted without the required DMP may be deemed ineligible for award unless submission of DMP is deferred to a later period depending on the type of award, in which case, funding restrictions may be imposed pending submission and evaluation.

**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](http://www.cdc.gov/grants/interestedinapplying/applicationresources.html)

The budget can include both direct costs and indirect costs as allowed. Indirect costs could include the cost of collecting, managing, sharing and preserving data. Indirect costs on grants awarded to foreign organizations and foreign public entities and performed fully outside of the territorial limits of the U.S. may be paid to support the costs of compliance with federal requirements at a fixed rate of eight percent of modified total direct costs exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of $25,000. Negotiated indirect costs may be paid to the American University, Beirut, and the World Health Organization.

Indirect costs on training grants are limited to a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and sub-awards in excess of $25,000.

If requesting indirect costs in the budget, a copy of the indirect cost rate agreement is required.
Include a copy of the current negotiated federal indirect cost rate agreement or cost allocation plan approval letter. The applicant can obtain guidance for completing a detailed justified budget on the CDC website, at the following Internet address: https://www.cdc.gov/grants/documents/Budget-Preparation-Guidance.docx

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 NOFO. 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 distribution of the selected ICRCs to optimize inclusion of injury and/or violence prevention and control research and programmatic activities relevant to all parts of the country.
- Balance and distribution of research topics to address NCIPC’s research priorities and the NCIPC Director's Priorities of opioid overdose, suicide, and adverse childhood experiences within an application and across the final portfolio.

**Review of risk posed by applicants.**

Prior to making a Federal award, CDC is required by 31 U.S.C. 3321 and 41 U.S.C. 2313 to review information available through any OMB-designated repositories of government-wide eligibility qualification or financial integrity information as appropriate. See also suspension and debarment requirements at 2 CFR parts 180 and 376.
In accordance 41 U.S.C. 2313, CDC is required to review the non-public segment of the OMB-designated integrity and performance system accessible through SAM (currently the Federal Recipient Performance and Integrity Information System (FAPIIS)) prior to making a Federal award where the Federal share is expected to exceed the simplified acquisition threshold, defined in 41 U.S.C. 134, over the period of performance. At a minimum, the information in the system for a prior Federal award recipient must demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics. CDC may make a Federal award to a recipient who does not fully meet these standards, if it is determined that the information is not relevant to the current Federal award under consideration or there are specific conditions that can appropriately mitigate the effects of the non-Federal entity's risk in accordance with 45 CFR §75.207.

CDC’s framework for evaluating the risks posed by an applicant may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If it is determined that a Federal award will be made, special conditions that correspond to the degree of risk assessed may be applied to the Federal award. The evaluation criteria is described in this notice of funding opportunity.

In evaluating risks posed by applicants, CDC will use a risk-based approach and may consider any items such as the following:

(1) Financial stability;
(2) Quality of management systems and ability to meet the management standards prescribed in this part;
(3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;
(4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and
(5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions restrict Federal awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

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 NOFO 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 (https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsbps107.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 recipient's business official.

Recipients 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

Administrative and National Policy Requirements, Additional Requirements (ARs) outline the administrative requirements found in 45 CFR Part 75 and the HHS Grants Policy Statement and other requirements as mandated by statute or CDC policy. CDC programs must indicate which ARs are relevant to the NOFO. All NOFOs from the Center for Global Health must include AR-35. Recipients must then comply with the ARs listed in the NOFO. Do not include any ARs that do not apply to this NOFO. NOFO Recipients must comply with administrative and national policy requirements as appropriate. For more information on the Code of Federal Regulations, visit the National Archives and Records Administration: http://www.access.gpo.gov/nara/cfr/cfr-table-search.html.

Specific requirements that apply to this NOFO are the following:

Generally applicable ARs:

AR-1: Human Subjects Requirements
AR-2: Requirements for Inclusion of Women and Racial and Ethnic Minorities in Research
AR-3: Animal Subjects Requirements
AR-7: Executive Order 12372 Review
AR-9: Paperwork Reduction Act Requirements
AR-10: Smoke-Free Workplace Requirements
AR-11: Healthy People 2020
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-21: Small, Minority, And Women-owned Business
AR-22: Research Integrity
AR-24: Health Insurance Portability and Accountability Act Requirements
AR-25: Data Management and Access
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: Research Definition
AR-33: United States Government Policy for Institutional Oversight of Life Sciences Dual Use Research of Concern
AR-34: Language Access for Persons with Limited English Proficiency

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: https://www.cdc.gov/grants/additionalrequirements/index.html

CDC Assurances and Certifications:
All applicants are required to sign and submit “Assurances and Certifications” documents indicated at http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm.

Applicants may follow either of the following processes:
* Complete the applicable assurances and certifications on an annual basis, name the file “Assurances and Certifications” and upload it as a PDF file at: www.grants.gov or
* Complete the applicable assurances and certifications and submit them directly to CDC on an
annual basis at: http://wwwn.cdc.gov/grantassurances/(S(mj444mxct51lnrv1hljjjmaa))/Homepage.aspx.

3. Additional Policy Requirements

The following are additional policy requirements relevant to this NOFO:

**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: https://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.fsrs.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.

**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 recipients 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. Recipients (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](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.

**Data Management Plan(s)**

CDC requires that all new collections of public health data include a Data Management Plan (DMP). For purposes of this announcement, “public health data” means digitally recorded factual material commonly accepted in the scientific community as a basis for public health findings, conclusions, and implementation. This new requirement ensures that CDC is in compliance with the following; Office of Management and Budget (OMB) memorandum titled “Open Data Policy–Managing Information
as an Asset” (OMB M-13-13); Executive Order 13642 titled “Making Open and Machine Readable the New Default for Government Information”; and the Office of Science and Technology Policy (OSTP) memorandum titled “Increasing Access to the Results of Federally Funded Scientific Research” (OSTP Memo).

The AR-25 https://www.cdc.gov/grants/additionalrequirements/ar-25.html outlines the components of a DMP and provides additional information for investigators regarding the requirements for data accessibility, storage, and preservation.

### 4. Cooperative Agreement Terms and Conditions

N/A

### 5. Reporting

Recipients will be required to complete Research Performance Progress Report (RPPR) in eRA Commons at least annually (see https://grants.nih.gov/grants/rppr/index.htm; https://grants.nih.gov/grants/forms/report_on_grant.htm) 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 recipients 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 recipients of Federal grants to report information about first-tier subawards and executive compensation under Federal assistance awards issued in FY2011 or later.

All recipients of applicable CDC grants and cooperative agreements are required to report to the Federal Subaward Reporting System (FSRS) available at [www.fsrs.gov](http://www.fsrs.gov) on all subawards over $25,000. See the HHS Grants Policy Statement ([https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf](https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf)).

**Technical Review Statement Response Requirements**

Grantees will be required to electronically submit a response to the peer reviewers’ comments and/or concerns, as appropriate, within 30 days of the notification of their initial award. Grantees will also be required to electronically submit a response to any progress concerns or areas for
improvement noted on their annual Technical Review, within the time period specified in the annual award continuation notice.

**Annual Report Requirements**

Grantees will be required to electronically submit an Annual Report due within 90 days following the end of each budget period. The Annual Report should include:

- A description of the completion status of each Specific Aim and/or research objective or milestone for the budget period.
- A complete list of the publications and presentations planned or completed to date - including status (e.g., published [include reference], in review, under development).
- A description of any changes made in the IRB.
- A description of any changes made in the Data Management Plan.

**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** is due 90 to 120 days before the end of the current budget period. The RPPR form ([https://grants.nih.gov/grants/rppr/index.htm](https://grants.nih.gov/grants/rppr/index.htm); [https://grants.nih.gov/grants/rppr/rppr_instruction_guide.pdf](https://grants.nih.gov/grants/rppr/rppr_instruction_guide.pdf)) is to be completed on the eRA Commons website. 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.


3. **A final progress report**, invention statement, equipment/inventory report, and the final FFR are required 90 days after the end of the Period of Performance.

**B. Content of Reports**

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

   - Description of Progress during Annual Budget Period: Current Budget Period Progress reported on the RPPR form in eRA
Commons (https://grants.nih.gov/grants/rppr/index.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.

- Update of Data Management Plan: The DMP is considered a living document that will require updates throughout the lifecycle of the project. Investigators should include any updates to the project’s data collection such as changes to initial data collection plan, challenges with data collection, and recent data collected. Applicants should update their DMP to reflect progress or issues with planned data collection and submit as required for each reporting period.

- Additional Reporting Requirements:

The specific format and guidance for the Yearly Non-Competing Grant Progress Report will be provided by CDC staff annually in the continuation solicitation.

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.

The due date for final FFRs will continue to be 90 days after the Period of Performance end date. Recipients must submit closeout reports in a timely manner. Unless the Grants Management Officer (GMO) of the awarding Institute or Center approves an extension, recipients 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 recipients are now available at [https://grants.nih.gov/grants/forms/report_on_grant/federal_financial_report_frr.htm](https://grants.nih.gov/grants/forms/report_on_grant/federal_financial_report_frr.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://grants.nih.gov/support/index.html](https://grants.nih.gov/support/index.html)

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](https://era.nih.gov/registration_accounts.cfm). Organizations not yet registered can go to [https://commons.era.nih.gov/commons/](https://commons.era.nih.gov/commons/) 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: [https://era.nih.gov/docs/Commons_UserGuide.pdf](https://era.nih.gov/docs/Commons_UserGuide.pdf).

**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 recipient'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 Period of Performance. 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.

- Final Data Management Plan: Applicants must include an updated final Data Management Plan that describes the data collected, the location of where the data is stored (example: a repository), accessibility restrictions (if applicable), and the plans for long term preservation of the data.

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: ogstims@cdc.gov
Hours: Monday - Friday, 7am – 4:30pm U.S. Eastern Time

Scientific/Research Contact(s)
Section VIII. Other Information

Other CDC Notices of Funding Opportunities 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.

All applicants are advised to carefully review the responsiveness requirements and instructions on how applicants must document responsiveness in Section III. Part 5 of this NOFO (Eligibility Information).

Applicants are encouraged to pay close attention to the Data Management Plan requirements listed in the NOFO and to keep these in mind while preparing their proposals.

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, Paragraph 200.308(d)(4).

Authority and Regulations
Statutory Authority: Sections 301 and 392 of the Public Health Service Act, as amended (42 USC §§ 241, 280b).

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

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