D. Applicants must demonstrate experience in: conducting, evaluating, and publishing injury control research; developing, conducting, and evaluating injury control training curricula (researcher and/or practitioner); and/or designing, implementing, and evaluating injury control demonstration programs.

E. Applicants must provide evidence of working relationships with outside agencies and other entities which will allow for implementation of any proposed intervention activities.

F. Applicants must provide evidence of involvement of specialists or experts in medicine, engineering, epidemiology, law and criminal justice, behavioral and social sciences, biostatistics, and/or public health as needed to complete the plans of the RPPG. These are considered the disciplines and fields for RPPGs.

G. Applicants must specify mechanisms for linking the injury control research findings with public health ( i.e. State and local organizations) and other intervention efforts to facilitate rapid translation, dissemination, and application of research findings preferably within three years of inception.

H. Applicants should clearly describe and be able to demonstrate how several proposed multiple research projects interrelate and complement each other. Outcome objectives of the research should be stated such that accomplishments clearly reflect elements of each individual project within the RPPG.

I. Applicants must have the ability to disseminate injury control research findings, translate them into interventions, and evaluate their effectiveness.

J. Applicants involved in training activities must be able to accomplish A-I above and have an established curricula and graduate training programs (researcher and/or practitioner) in disciplines relevant to injury control (e.g., epidemiology, biomechanics, safety engineering, traffic safety, behavioral sciences, or economics).

K. Applicants involved in training and demonstration activities must be able to accomplish A-J above and conduct demonstration projects (including description of statistical/ epidemiologic methodology and data sources to be used) aimed at determining the effectiveness of interventions, in terms of impact and cost, as part of a national injury prevention and control effort.

For the youth violence RPPG, in addition to research, training, and demonstration activities described in the Essential Requirements for RPPGs, of particular interest are projects designed to: a) develop further understanding of the relationship between social and economic influences ( e.g., poverty, joblessness, concentration of poverty) and violent behavior, b) evaluate policies, programs, or interventions for reducing the impact of social and economic factors on violent behavior among youth and c) provide training for youth violence prevention researchers and practitioners.

Grant funds will not be made available to support the provision of direct care. Studies may be supported which evaluate methods of care and rehabilitation for potential reductions in injury effects and costs. Studies can be supported which identify the effect on injury outcomes and cost of systems for pre-hospital, hospital, and rehabilitative care and independent living.

Eligible applicants may enter into contracts, including consortia agreements (as set forth in the PHS Grants Policy Statement, dated October 1, 1990, as amended), as necessary to meet the requirements of the program and strengthen the overall application.

## **Evaluation Criteria**

Upon receipt, applications will be reviewed by CDC staff for completeness and responsiveness as outlined under the previous heading Program Requirements, (A listing of where these requirements are described and/or documented in the application will facilitate the review process.). Incomplete applications and applications that are not responsive will be returned to the applicant without further consideration.

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

Those applications judged to be competitive will be further evaluated by a dual review process. The primary review will be a peer evaluation (IRGRC) of the scientific and technical merit of the application. The final review will be conducted by the CDC Advisory Committee for Injury Prevention and Control (ACIPC), which will consider the results of the peer review together with program need and relevance. Funding decisions will be made by the Director, National Center for Injury Prevention and Control (NCIPC), based on merit and priority score ranking by the IRGRC, program review by the ACIPC, and the availability of funds.

## A. Review by the Injury Research Grants Review Committee (IRGRC)

Peer review of RPPG grant applications will be conducted by the IRGRC, which may recommend the application for further consideration or not for further consideration. Site visits will be a part of this process for recompeting RPPGs. Site visits may be a part of this process for new applicants.

Factors to be considered by IRGRC include:

1. The specific aims of the application, e.g., the long-term objectives and intended accomplishments.

2. The scientific and technical merit of the overall application, including the significance and originality (e.g., new topic, new method, new approach in a new population, or advancing understanding of the problem) of the proposed research.

3. The extent to which the evaluation plan will allow for the measurement of progress toward the achievement of stated objectives.

4. Qualifications, adequacy, and appropriateness of personnel to accomplish the proposed activities.

5. The soundness of the proposed budget in terms of adequacy of resources and their allocation.

6. The appropriateness (e.g., responsiveness, quality, and quantity) of consultation, technical assistance, and training in identifying, implementing, and/or evaluating intervention/control measures that will be provided to public and private agencies and institutions, with emphasis on state and local health departments, as evidenced by letters detailing the nature and extent of this commitment and collaboration. Specific letters of support or understanding from appropriate governmental bodies must be provided.

7. Evidence of other public and private financial support.

8. Progress thus far made as detailed in the application if the applicant is submitting a competitive renewal application. Documented success examples include: development of pilot projects; completion of high quality research projects; publication of findings in peer reviewed scientific and technical journals; number of professionals trained; integration of disciplines; translation of research into implementation; impact on injury