

**Department of Health and Human Services
Centers for Disease Control and Prevention
The Disease, Disability, and Injury Prevention and
Control Special Emphasis Panel (SEP)**



**CENTERS FOR DISEASE
CONTROL AND PREVENTION**

Cooperative Research Agreements Related to the
World Trade Center Health Program (U01)
Program Announcement PAR-12-126
April 14-15, 2015
Atlanta, GA

Record of the Proceedings

MEETING ROSTER
Disease, Disability and Injury Prevention and Control Special Emphasis Panel

NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH
World Trade Center Review

ZOH1 NXT (52)
Agenda Seq Num - 284600
April 14, 2015 - April 15, 2015

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Consultants are required to absent themselves from the room during the review of any application if their presence would constitute or appear to constitute a conflict of interest.

Panel Meeting Minutes

Date: _____

The meeting of the Disease, Disability, and Injury Prevention and Control Special

Emphasis Panel: **(NAME OF PANEL)**

was convened on **(date)** _____ at **(time)** _____,

at the **(full address)** _____

(chairperson(s)) _____

presided as Chair. The roster attached includes all members of the panel. Others in attendance are either listed on the roster or on an attached visitor log.

This meeting was closed to the public in accordance with provisions set forth in Section 552b(c)(4) and (6), Title 5 U.S.C., and the Determination of the Associate Director for Management and Operations, CDC, pursuant to Pub. L. 92-463. The Designated Federal Official explained policies and procedures regarding avoidance of conflict of interest situations, voting and priority ratings; and confidentiality of application materials, committee discussions, and recommendations.

The Committee reviewed ____ applications requesting \$_____ in support. ____ applications were recommended for \$_____ in support and ____ applications were judged to be noncompetitive (NC).

ADJOURNMENT

The meeting was adjourned at _____ on _____.

(time) (date)

CERTIFICATION

I hereby certify that the foregoing minutes are accurate and complete.

_____	_____	_____
Date	Chairperson Signature	Chairperson (Name)
_____	_____	_____
Date	Chairperson Signature	Chairperson (Name)
_____	_____	_____
Date	DFO (Signature)	Designated Federal Official (Name)