

INSTRUCTIONS FOR USING THIS WORKBOOK

Use these tables in conjunction with the "Supplemental Instructions for Preparing an ERC Training Grant Application" that are found on the NIOSH Web site at: <http://www.cdc.gov/niosh/oep/funding.html#train>

For ease in downloading, these tables have been provided as one consolidated excel workbook.

Headers: In the Left Section Header, enter the applicable Program. For example, [] Program would be replaced with OHN Program. [Please note that tables used only once do not have Left Section Headers.] In the Right Section Header, add the name of the CENTER Director (not the Program Director), e.g., Center Director: Joseph Smith.

As you may have personnel in different departments completing each of the tables, the individual table worksheets may either be copied and pasted into a blank excel worksheet for distribution within your institution, or you may add worksheets to this workbook and copy and paste the tables to the new worksheets.

You will use tables 1, 2, 12 (if applicable), 13 (if applicable), 14, and 15 just once. Enter your institution and Center Director name in the cells provided at the upper left corner of the table.

You will use tables 3a, 3b, 4, 5, 6, 7, 8, and 11 several times - once for each discipline. In each of these tables, enter your institution and program director name and the discipline in the cells provided at the upper left corner of each table.

Tables 9, 10a, 10b, and 10c will be used by OSH CE and HST CE Programs.

Do not delete columns from any of the tables.

NOTE: In reporting aggregate data, do not double-count trainees. Each trainee should only be reported once per table.

ERC Applicant Institution:
 Center Director:

Table 2
Current and Past Trainees - Since Beginning of Project Period¹

Primary Faculty Advisor Name ²	Trainee Name	P or C ³	Pre or Post ⁴	Training Start Date mm/yy	Training End Date mm/yy	Title of Research Project	Current Trainee: Source of Support Past Trainee: Current Position
IH Program							
OHN Program							
OMR Program							
[Fill in] Program							
[Fill in] Program							

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Refer to: Supplemental Instructions, page 4.

¹ Trainee counts include all students in the approved programs. Beginning of project period = start date of prior competing award.

² Group faculty members by academic program. Only count each faculty member once (with primary academic program).

³ P = Past, C = Current Trainee

⁴ Pre = Pre-doctoral, Post = Post-doctoral (OM) Trainee

ERC Applicant Institution:
 Program Director:
 Discipline:

**Table 3a
 Academic Training Report
 Previous Budget Period: July 1, 20xx to June 30, 20xx**

Degree Awarded	How Does Degree Read?	# Full-Time Trainees Enrolled¹	# Full-Time NIOSH-Supported Trainees	# Part-Time Trainees Enrolled	# Part-Time NIOSH-Supported Trainees	# Other Trainees Taking OS&H Courses²	# Trainees Graduated
Baccalaureate							
Master's degree							
Doctorate degree							
Post-doctoral (Formally registered Occupational Medicine residents in all years of the residency.) ³							

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Refer to: Supplemental Instructions, page 9.

¹ Trainee counts include all students in the approved programs.

² Does not include trainees counted in any of the full-time or part-time categories

³ In this case, there may be double counting between Masters and Post-doctoral (OM) categories.

ERC Applicant Institution:
 Program Director:
 Discipline:

**Table 3b
 Academic Training Report
 Since Beginning of Project Period⁴**

Degree Awarded	How Does Degree Read?	# Full-Time Trainees Enrolled¹	# Full-Time NIOSH-Supported Trainees	# Part-Time Trainees Enrolled	# Part-Time NIOSH-Supported Trainees	# Other Trainees Taking OS&H Courses²	# Trainees Graduated
Baccalaureate							
Master's degree							
Doctorate degree							
Post-doctoral (Formally registered Occupational Medicine residents in all years of the residency.) ³							

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Refer to: Supplemental Instructions, page 9.

¹ Trainee counts include all students in the approved programs.

² Does not include trainees counted in any of the full-time or part-time categories

³ In this case, there may be double counting between Masters degree and Post-doctoral categories.

⁴ Beginning of project period = start date of prior competing award.

ERC Applicant Institution:
 Program Director:
 Discipline:

**Table 4
 Tracking Graduates-Academic Training Report¹
 Since Beginning of Project Period**

Trainee Name (if supported by a NIOSH training grant, denote with *)	Date Entered Program (mm/yy)	Date Degree Awarded (only if at your institution) (mm/yy)	Degree Awarded (also specialty area as noted on degree)	Date of Certificate of Completion (for Occ Med and other Certificate programs) (mm/yy)	Current Employment (Job Title/Employer/2 digit NAICS Code of Employer)	Employed in OS&H Field or Enrolled in OS&H Academic Program? Y/N
Year 1: July 1, 200x to June 30, 200x						
Year 2: July 1, 200x to June 30, 200x						
Year 3: July 1, 200x to June 30, 200x						
Year 4: July 1, 200x to June 30, 200x						

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Refer to: Supplemental Instructions, page 9.

¹ Graduate counts include all trainees graduated from the approved programs. Beginning of project period = start date of prior competing award.

ERC Applicant Institution:
 Program Director:
 Discipline:

Table 8
Trainees Supported Since Beginning of Project Period¹
Progress Report for Competing Applications

Trainee Name ²	Year Entered Program (yyyy)	Trainee's Previous Institution	Highest Degree at Program Entry	Year Awarded Previous Degree (mm/yy)	Source of Support for Each Year ³	Name of Research Mentor	Title of Research Project
Year 1							
Year 2							
Year 3							
Year 4							
Year 5							

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Refer to: Supplemental Instructions, page 13.

¹ List trainees supported since the last competing renewal application, by year. Beginning of project period = start date of previous competing award.

² Trainee counts include all students in the approved programs.

³ Use additional lines as needed for multiple sources of support.

ERC Applicant Institution:
 Program Director:

Table 10a
CE Course Offerings by Program Area
Previous Budget Period: July 1, 20xx to June 30, 20xx

Program Area:

Course/Seminar Title ¹	Program Area	Total # Trainees	Length of Course	Total Pers-Days	# Trainees by Profession					# Trainees by Employer						
					MD	NURS	HYG	SAFETY	OTHER	Private Industry	Fed Gov	State Gov	Local Gov	Foreign Country	Academic	Other
Subtotal [Program]	[e.g., IH]	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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Refer to: Supplemental Instructions, page 11.

¹ Group together by Program Area and provide sub-totals for each Program Area in Table 9b. Add or delete rows as necessary.

ERC Applicant Institution:
 Program Director:

Table 10b
Summary of CE Course Offerings by Program Area
Previous Budget Period: July 1, 20xx to June 30, 20xx

Course/Seminar Title ¹	Program Area	Total # Trainees	Total # of Courses	Total Pers-Days	# Trainees by Profession					# Trainees by Employer						
					MD	NURS	HYG	SAFETY	OTHER	Private Industry	Fed Gov	State Gov	Local Gov	Foreign Country	Academic	Other
Subtotal IH	IH															
Subtotal OHN	OHN															
Subtotal OMR	OMR															
Subtotal OS	OS															
Subtotal HST	HST															
Subtotal Ag S&H	Ag S&H															
Subtotal Other Category	OT															
GRAND TOTALS (All Program Areas)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

You will u

Refer to: Supplemental Instructions, page 11.

¹ Group together by Program Area and provide sub-totals for each Program Area.

ERC Applicant Institution:
 Program Director:

Table 10c
CE Course Offerings - Summary by Program Area
Since Beginning of Project Period¹

Program Area	Total # of Trainees	Number of Courses	Total Pers-Days	# Trainees by Profession					# Trainees by Employer						
				MD	NURS	HYG	SAFETY	OTHER	Private Industry	Fed Gov	State Gov	Local Gov	Foreign Country	Acad emic	Other
Industrial Hygiene (IH)															
Occupational Health Nursing (OHN)															
Occupational Medicine (OM)															
Occupational Safety (OS)															
Hazardous Substance Training (HST)															
Agricultural Safety and Health (Ag S&H)															
Other OS&H, e.g. Tox, Epi, Ergo, Biostat (OT)															
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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You

Refer to: Supplemental Instructions, page 11.

¹ Beginning of project period = start date of previous competing award.

ERC Applicant Institution:
 Program Director:
 Discipline:

Table 11
Underrepresented Minority (URM) Trainees and Trainees with Disabilities Recruitment Data¹
Since Beginning of Project Period²

GROUP DATA			INDIVIDUAL DATA			
# of URM/Disabled Trainees Applied	# of URM/Disabled Trainees Offered Admission	# of URM/Disabled Trainees Entered Program	For those who entered program: Identify by sequential #	Current Status (in training, graduated, left the program, etc.)	Sources of Support	Subsequent Career Development/ Employment
Year 1: July 1, 200x to June 30, 200x						
Year 2: July 1, 200x to June 30, 200x						
Year 3: July 1, 200x to June 30, 200x						
Year 4: July 1, 200x to June 30, 200x						

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Refer to: Supplemental Instructions, page 12.

¹ First three columns are a group total; last four columns refer to individual trainees.

² Beginning of project period = start date of previous competing award.

**Table 14 - ERC TRAINING GRANT KEY PERSONNEL AND OTHER SIGNIFICANT CONTRIBUTORS - CAL- MOS.
PROPOSED BUDGET PERIOD (07/01/1x - 06/30/1x) ***

CENTER DIRECTOR

													Revised February 2010		
NAME	Role	Center wide	Industrial	Occup.	Occup.	Occup.	Comp. Acad.	Pilot/Small	TRT/NRS	HSAT	HST	CE	Outreach	TOTAL	
(Faculty and Professional Staff)	on Project	Activities **	Hygiene	Health Nurs.	Medicine	Safety/Erg	Program	Project RT						Cal-Mos.	
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
* For each individual report the Calendar-Months devoted to the program that is specifically supported by NIOSH grant funding. Please identify key personnel via # and/or bold.															
** CWA includes Center Administration, Advisory Board, Executive Committee, Center Director's Annual Meeting, Center Director's Fund, Interdisciplinary Coordination, Pilot Projects, Outreach, and Diversity Recruitment. Pilot projects and Outreach are part of CWA but should be entered in these specific columns only.															
Note - Column headings may be adjusted to match your proposed funded program areas.															

GRANTEE INSTITUTION: _____

GRANT NUMBER: _____

DATE SUBMITTED: _____

**Table 15 - ERC TRAINING GRANT FOR
PROPOSED BUDGET PERIOD 07/01/1x - 06/30/1x**

Revised Feb. 2010

CENTER DIRECTOR _____

BUDGET	Center wide	Industrial	Occup.	Occup.	Occup.	Comp. Academic	Pilot/Small	TRT/NRS	HSAT	HST	CE	Outreach #	Total
CATEGORY	Activities **	Hygiene	Health Nurs.	Medicine	Safety/Erg.	Program	Project RT #						
PERSONNEL													
FRINGE BENEFITS													
CONSULTANTS													
EQUIPMENT													
SUPPLIES													
TRAVEL													
OTHER													
CONSORTIUM/CONTRACTS													
SUBTOTAL													
TRAINEE STIPENDS													
TUITION & FEES													
TRAINEE TRAVEL													
SUBTOTAL													
INDIRECT COSTS BASE*													
INDIRECT COSTS @ 8%*													
TOTAL COSTS													
* Indirect cost rate is not applied to tuition & fees, and equipment.													
** CWA includes Center Administration, Advisory Board, Executive Committee, Center Director's Annual Meeting, Center Director's Fund, Interdisciplinary Coordination, Pilot Projects, Outreach, and Diversity Recruitment. Budget breakdown and justification required for each CWA.													
# Pilot projects and Outreach are part of CWA but should be entered in these specific columns only.													
NO. PREDOC TRAINEES SUPPORTED:													
NO. POSTDOC (OM) TRAINEES SUPPORTED:													

GRANT NUMBER: _____

GRANTEE INSTITUTION _____

DATE SUBMITTED: _____