

Part I Overview Information

United States Department of Health and Human Services (HHS)

Issuing Organization

National Institute for Occupational Safety and Health (NIOSH)
(<http://www.cdc.gov/niosh/>)

Participating Organization

Centers for Disease Control and Prevention (CDC), (<http://www.cdc.gov>)

Components of Participating Organizations

Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health (NIOSH), (<http://www.cdc.gov/niosh/homepage.html>)

Title: National Center for Construction Safety and Health (U60)

The policies, guidelines, terms, and conditions of the HHS Centers for Disease Control and Prevention (CDC) stated in this announcement might differ from those used by the HHS National Institutes of Health (NIH). If written guidance for completing this application is not available on the CDC website, then CDC will direct applicants elsewhere for that information.

Authority: This program is described in the [Catalog of Federal Domestic Assistance](#) and is not subject to the intergovernmental review requirements of Executive Order 12372 or Health Systems Agency Review. Awards are made under the authorization of the Occupational Safety and Health Act of 1970, Section 20(a) and 21(a) (29 USC 669(a) and 29 USC 670), Federal Mine Safety and Health Act, Section 501(a), 30 USC 951 (a); Section 301 of the Public Health Service Act as amended (42 USC 241) and under Federal Regulations 42 CFR Part 52 and 45 CFR Parts 74 and 92. All awards are subject to the terms and conditions, cost principles, and other considerations described in the HHS Grants Policy Statement.

Announcement Type: Reissue of RFA-OH-04-002

NOTICE: Applications submitted in response to this Funding Opportunity Announcement (FOA) for Federal assistance must be submitted using the most recently approved PHS 398 forms and the PHS 398 Application Guide.

Funding Opportunity Announcement (FOA) Number: RFA-OH-09-001

Catalog of Federal Domestic Assistance Number(s):

93.262

Key Dates

Publish FOA/FOA: February 13, 2009
Letters of Intent Receipt Date: March 31 2009
Application Receipt Date(s): May 15, 2009
Site Visit (for Center-level Assessment) Date(s): June 2009
Peer Review Date(s): Late June 2009
Council Review Date: Early August 2009
Earliest Anticipated Start Date(s): Late August 2009
Expiration Date: May 16, 2009

Due Date for E.O. 12372

Executive Order 12372 does not apply to this program.

Additional Overview Content

Executive Summary

- **Purpose:** This funding opportunity announcement (FOA) invites new and renewal cooperative agreement applications for a National Institute for Occupational Safety and Health (NIOSH) supported National Center for Construction Safety and Health (herein after referred to as "Construction Center").
- **Mechanism of Support:** A Cooperative Agreement (U60) mechanism will be used to support applications funded under this announcement. Responsibility for the planning, direction, and execution of the proposed programs and projects will be solely that of the recipient.
- **Funds Available:** The total amount to be awarded to the Center is expected to be up to \$5,000,000 annually. The total project period for an application submitted in response to this FOA may not exceed five (5) years. Continuation awards within an approved project period will be made based on satisfactory progress as evidenced by required reports and the availability of funds. Pre-award costs are not allowed.

- **Anticipated Number of Awards:** NIOSH anticipates making one award for up to 5 years in duration. Awards issued under this FOA are contingent upon the availability of funds and the submission of a sufficient number of meritorious applications.
- **Eligible Organizations:** For profit organizations; Non-profit organizations; Public or private institutions, such as universities, colleges; Units of State government; Units of local government; Eligible institutions of the Federal government; Domestic institutions; Faith-based or community-based organizations; Indian/Native American Tribal Government (Federally Recognized); Indian/Native American Tribal Government (Other than Federally Recognized); and Indian/Native American Tribally Designated Organization. Foreign institutions are not eligible to apply.
- **Application Materials:** See [Section IV.1](#) for application materials and special instructions. Applicants should refer to the most recent [PHS 398 Application Guide](#) for instructions regarding preparation of applications to this FOA.
- **Hearing Impaired:** HHS/CDC Telecommunications for the hearing impaired is available at the following number: TTY 770-488-2783.
- **Special Date(s):** This FOA uses non-standard due dates.
- **Other Submission Requirements:** Only one application per eligible organization will be accepted. Renewal applications are permitted in response to this FOA. Resubmission applications are not permitted in response to this FOA.
- **Funding Opportunity Announcement Glossary:** [FOA Glossary Terminology](#).

Table of Contents

[Part I Overview Information](#)

[Part II Full Text of Announcement](#)

[Section I. Funding Opportunity Description](#)

1. Background
2. Research Objectives

[Section II. Award Information](#)

1. Mechanism of Support
2. Funds Available

Section III. Eligibility Information

1. Eligible Applicants
 - A. Eligible Institutions
2. Cost Sharing or Matching
3. Other - Special Eligibility Criteria

Section IV. Application and Submission Information

1. Request Application Information
2. Detailed Content and Form of Application Submission
3. Special Requirements
4. Submission of Application – Letter of Intent
 - A. Submitting an Application to NIH
 - B. Application Processing
5. Intergovernmental Review
6. Funding Restrictions
7. Other Submission Requirements

Section V. Application Review Information

1. Criteria
2. Review and Selection Process
 - A. Additional Review Criteria
 - B. Additional Review Considerations
 - C. Sharing Research Data
 - D. Sharing Research Resources
3. Anticipated Announcement and Award Dates

Section VI. Award Administration Information

1. Award Notices
2. Administrative and National Policy Requirements
 - A. Cooperative Agreement
 1. Recipient Rights and Responsibilities
 2. HHS/CDC Responsibilities
 3. Collaborative Responsibilities
 4. Arbitration
3. Reporting

Section VII. Agency Contact(s)

1. Scientific/Research Contact(s)

2. Peer Review Contact(s)
3. Financial/ Grants Management Contact(s)
4. General Questions Contact(s)

[Section VIII. Other Information - Required Federal Citations](#)

Part II - Full Text of Announcement

Section I. Funding Opportunity Description

1. Background

The National Institute for Occupational Safety and Health (NIOSH) is the federal agency responsible for conducting research and making recommendations for the prevention of work-related injury, illness, and death. NIOSH is part of the [Centers for Disease Control and Prevention \(CDC\)](#) in the [Department of Health and Human Services](#). NIOSH objectives include:

- Conduct research to reduce work-related illnesses and injuries.
- Promote safe and healthy workplaces through interventions, recommendations and capacity building.
- Enhance global workplace safety and health through international collaborations.

Construction is one of eight industry sectors that NIOSH is targeting in conjunction with the National Occupational Research Agenda (NORA). This FOA builds upon a NIOSH Construction Program that began in 1990. The mission of the NIOSH Construction Program is to provide national and world leadership to prevent work-related illness, injury, disability, and death by systematically gathering information, conducting targeted scientific research, and translating the knowledge gained into products, solutions, and services tailored to meet construction needs. The program has made important contributions to construction safety and health by working through, and with, our construction partners <http://www.cdc.gov/niosh/programs/const/>. The program has undergone strategic transformation supported, in part, by two external program reviews (1996, 2007) (http://www.nap.edu/catalog.php?record_id=12475#) and it continues to evolve to meaningfully serve construction stakeholder needs, address national goals, and maximize collaborative research.

Construction workers build the nation's roads, erect bridges and buildings, and construct our residences. Despite important progress in industry performance, as evidenced by lower injury and fatality rates, the construction industry continues to face a number of safety and health problems and challenges. For example, construction experiences the largest number of fatal injuries of any sector and while construction represents about 8% of the American workforce, construction workers experience about 22% of fatal injuries nationwide. An estimated total cost of work-related fatal and nonfatal injuries in construction is \$13 billion (2002 dollars) annually. This and additional information on construction industry safety and health characteristics is available from the Construction Chart Book at: <http://www.cpwr.com/rp-chartbook.html> and on the US Bureau of Labor Statistics website at <http://www.bls.gov/bls/industry.htm>. There is a need to expand research and research-to-practice efforts to support further industry improvements. Industry hazards or risks include traumatic injuries and fatalities, health hazards, and musculoskeletal disorders. Examples of industry challenges include the predominance of small employers, an aging workforce, language and culture obstacles, the temporary and changing nature of the construction worksite, and the multiple-employer nature of construction workplaces.

The NIOSH Construction Program includes three components: a "National Construction Center", an intramural research program, and an investigator-initiated extramural grants program. This FOA addresses the role of the National Construction Center over the next five years. NIOSH intends for the Center to be a direct link to the diverse construction community; serve as a leader in applied construction research; and to proactively diffuse and disseminate effective interventions in the construction industry. It is also intended to provide a national information (scientific, technical, educational) resource for all construction stakeholders including employees, employers, owners, unions, trade associations, and professionals and professional associations. A pivotal role for the Construction Center will be to plan or facilitate research (i.e., hypothesis-driven, developmental or exploratory, intervention, evaluation or effectiveness, and research-to-practice projects), and exhibit leadership for implementing the National Occupational Research Agenda (NORA) "National Construction Agenda". The agenda, developed with input from a council of construction stakeholders under the auspices of the NORA, is structured around strategic goals. This FOA is intended to make significant, measurable impact towards achieving these goals. For more about NORA, please visit <http://www.cdc.gov/niosh/nora/> and <http://www.cdc.gov/niosh/nora/councils/const/default.html>

Additional information for interested investigators on construction safety and health hazards, solutions, and publications can be found on the NIOSH website <http://www.cdc.gov/niosh/topics/construction/> and on the searchable bibliographic database of occupational safety and health publications known as [NIOSHTIC-2](#).

2. National Construction Center Objectives

The National Construction Center is intended to serve as an integrated, multi-disciplinary occupational safety and health resource for the entire U.S. construction sector. The overall objective is to make major contributions to improve construction worker health and safety as evidenced by well-accepted intermediate outcomes (e.g. evidence that research led to improved policies, procedures, training, tools, consensus

standards, etc.) leading ultimately to improved end outcomes (e.g. reduced injuries, fatalities, exposures, or illnesses). Center efforts should improve upon prior construction research and prevention activities, and on the National Construction Agenda research and practice goals developed by the NORA Construction Sector Council. In addition to research, the Center should include a major emphasis on appropriate, expeditious transfer activities for completed research projects and research results to ensure that research is transferred to construction practice. Objectives for a National Construction Center in the U.S. include:

- 1) serve as a national leader for the advancement of knowledge and impact in construction safety and health;
- 2) generate, facilitate, and manage hypothesis-driven research (e.g., R01, R03 or R21 including field or laboratory simulation projects) and feasibility/pilot projects that address three construction research topic areas: A) NORA National Construction Agenda goals, B) Emerging issues; and C) Tracking and Dissemination.
- 3) forge strong working relationships with a broad cross section of construction stakeholders through partnership development, involvement of stakeholders in research projects and strategic collaboration to achieve end outcomes;
- 4) provide national leadership and coordination on r2p efforts (see (<http://www.cdc.gov/niosh/r2p/>) to effectively transfer research findings to construction stakeholders. A National Academies review of the NIOSH Construction Research Program recommended that consideration be given to having the National Construction Center play a major role in r2p efforts. Objectives include: A) translating research recommendations and outputs for use by consensus organizations, regulatory agencies, professional associations, and construction employers, unions, and workers; B) facilitating the adoption or hasten the transfer of research recommendations and outputs, technologies or information into practice or to worksites; and C) expanding the body of knowledge for r2p for the construction sector;
- 5) support and coordinate collaboration among researchers and construction stakeholders to implement and achieve NORA National Construction Agenda goals for the nation; and
- 6) maintain and expand tracking of national construction sector characteristics and injury and illness outcomes and generate reports and resources that can be used by construction stakeholders and researchers to A) understand emerging trends, B) track overall industry performance (i.e., multi- and single year morbidity and mortality rates, number of conditions or events, and leading mechanisms of death or injury and illness), and C) track progress towards NORA goals and performance measures.

Priorities

This FOA is intended to generate Construction Center *programmatic* projects (also referred to as sub projects) focused on three broad topics: A) National Construction Agenda goals and National

Academies 2008 Program Improvement Recommendations, B) Emerging Issues in Construction, and C) Tracking and Dissemination. These categories are described further below.

NIOSH intends to support funding for applied research projects in the range of 50% to 65% of total budget. NIOSH expects at least 9 or 10 new or continuing research projects in grant performance years 1 through 5. In year 5, funding will be to complete active research, tracking and data analysis, and other activities and interventions. Research should be proposed and distributed across the NORA Construction Agenda's Outcome, Health Hazards and Contributing Factor sections of the Intermediate goals. For more information about the 69 Intermediate goals in support of the 15 Strategic goals, please visit the NIOSH website at <http://www.cdc.gov/niosh/nora/>. Note: After the initial award is made, applications for competitive supplements must be submitted to Grants.gov according to [standard receipt dates](#) (e.g. R01) with a notation that the submission is intended for NIOSH Construction research.

A) Research Program Addressing National Construction Agenda/NORA and National Academies 2008 Recommendations for NIOSH Construction Research

NORA is a partnership program to stimulate innovative research and improved workplace practices. The program entered its second decade in 2006 with a new industry sector-based structure to better move r2p within workplaces. The National Construction Agenda contains seven goals that address *Outcome* topics – types of injuries, fatalities, exposures, illnesses, and disorders in construction workers. The remaining eight goals address *Contributing Factors* - important influences impacting the likelihood that prevention and control measures and actions are taken on a construction job. Another of these goals addresses improving surveillance of hazards and health outcomes. In total there are 69 NORA Construction Intermediate goals and it is important that applicants and researchers review and attribute Intermediate goals and performance measures in developing their proposals.

A.1) For each year of funding, NIOSH strongly encourages applicants to select from the 15 NORA Construction Strategic goals <http://www.cdc.gov/niosh/nora/> and National Academies 2008 Recommendations http://www.nap.edu/catalog.php?record_id=12530 to develop at least 7 hypothesis-driven research projects including:

- at least one project targeting an Intermediate goal associated with each of the *three* outcome goal categories: 1) Injury (Strategic Goals 1-3); 2) Illness (Strategic Goals 4-6); and 3) Musculoskeletal disorders (Strategic Goal 7).
- at least three projects targeting an Intermediate goal associated with the Contributing Factor goals (Strategic Goals 8-15).
- at least one project targeting a priority topic identified by the National Academies 2008 Report. Topics are identified beginning on page 85 of the report. Example topics include construction intervention effectiveness studies, cost effectiveness studies, asphalt roofing engineering controls related studies, and research for skin diseases and disorders in construction trades.

Stakeholder involvement throughout the research process and for development of the potential for maximum impact in the construction workplace is recommended.

For NORA-associated projects, each research proposal should list the specific intermediate and research goal being addressed. Projects that fall under the umbrella of the overall strategic goal without also addressing a specific underlying Intermediate goal are discouraged. Some proposed projects may address more than one Strategic or Intermediate goal. For example, a proposal might address hearing loss and safety and health management. In such a case the investigator must specify a primary and a secondary goal.

Emphasis should be given to hypothesis-driven applied research projects including, when appropriate, r2p plan information for adoption of effective workplace research solutions in construction.

Applications should follow the guidance provided by the NIOSH [R01](#), [R03](#), or [R21](#) program announcements, i.e., NIOSH website. For years 2 through 4, the award recipient will submit applications for competitive supplements to Grants.gov according to the [standard receipt dates](#) for competing applications by grant program announcements. All research must be completed by the end of the grant performance period.

A.2) For each year of funding, NIOSH encourages applicants to develop at least two r2p or impact research projects related to the 15 National Construction Agenda topics including:

- at least one r2p proposal targeting an Intermediate goal associated with Strategic Goals 1-7.
- at least one r2p proposal targeting an Intermediate goal associated with Strategic Goals 8-15.

The National Academies 2008 Report emphasized the importance of r2p and identified two critical questions to be in the forefront of r2p and research efforts: 1) How can the program get vital information to the worker “in the trench” or “on the steel”; and 2) How does the program persuade contractors and workers to effectively use the interventions that are developed through research?

[\[http://www.nap.edu/catalog.php?record_id=12530\]](http://www.nap.edu/catalog.php?record_id=12530). NIOSH highly encourages the development of an r2p coordination plan. The coordination plan would include information regarding guidance or assistance to individual researchers in developing an r2p plan. NIOSH encourages the Center to include a qualified communications specialist/scientist to coordinate and foster r2p activities.

For an individual r2p plan, the plan should clearly describe research approach, expected outcomes, impacts (e.g., developed in part using a logic model), and collaboration with construction stakeholders (e.g., qualitative and/or quantitative impact on intermediate or end users, most practical dissemination and/or adoption/transfer method, level of adoption of product/material, and assess delivery of intervention adjusted for cultural or organization factors). All r2p research projects should include some type of evaluation strategy, and evaluate the causal link between effective transfer and resulting changes in intermediate and end outcomes. For information on an evaluation framework, please visit <http://www.cdc.gov/niosh/nas/framework1.html>

R2p builds upon applying and tailoring diffusion and dissemination theories to construction industry characteristics to accelerate the pace of adoption of effective safety and health technologies, practices, and innovations. Research is needed to help identify, pilot, and evaluate r2p-related interventions. Also, Construction Center projects may include research projects to expand the r2p knowledge base for construction. A variety of research approaches can be supported. Subprojects related to the development, implementation, dissemination, and evaluation of intervention and prevention activities or projects may be proposed. For example, a project could examine an effort to identify and influence early adopters of controls/personal protective equipment for exposure to silica, identify and assess influential communication channels for reaching self-employed construction workers, identify decision factors that influence industry opinion leaders to use controls for reducing silica exposures, determine how best to market information on a safety intervention to construction firms or owners, or evaluate factors, both positive and negative, that affect translation, transfer, customer activities, and target audience adoption of a NIOSH-supported research product that was demonstrated to be efficacious.

Applications should follow the guidance provided by the NIOSH [R01](#), [R03](#), or [R21](#) program announcements, i.e., NIOSH website. For years 2 through 4, the award recipient will submit applications for competitive supplements to Grants.gov according to the [standard receipt dates](#) for competing applications by grant program announcements. An r2p project may be proposed in year 3 but must be less than two years or less in duration. If a project is proposed in year 4, the r2p project must be one year or less in duration and in support of recently completed research. A planning lead time of about 10 months is needed to allow for scientific review and funding approval. All research must be completed by the end of the grant performance period.

B) Emerging Issues in Construction

Because of new types of construction materials, exposures and practices, equipment or technologies, and changes in work organization, there will be a need for the Construction Center to address emerging factors or topics. NIOSH intends to support funding for projects and activities that address emerging issues in the range of 5% to 10% of the total Center budget.

A number of factors or topics will be considered. Examples include new construction methods or practices, new construction materials, or measurement related issues e.g. vibration. Investigators should develop projects provided a strong scientific rationale including the significance, relevance, targeted users/audience, and expected outcomes. Projects related to the development, implementation or evaluation of an intervention may be proposed. Projects will undergo review for scientific merit prior to funding consideration.

Applications should follow the guidance provided by the NIOSH [R01](#), [R03](#), or [R21](#) program announcements, i.e., NIOSH website. For years 2 through 4, the award recipient will submit applications for competitive supplements to Grants.gov according to the [standard receipt dates](#) for competing applications by grant program announcements. Project budgets should not exceed \$250,000

in direct costs and project budget periods should not exceed two years. Note: All projects must be completed by the end of the grant performance period.

C) Tracking and Dissemination

Applicants should provide a description of projects to generate or improve major information products (including r2p products) such as web portals, online databases, repositories, or other options to support easy access for construction owners, employers, workers, safety and health professionals, and others. This component includes the tracking, collection, analysis, interpretation and dissemination of construction sector characteristics including morbidity and mortality data. Surveillance improvement recommendations and discussion can be found in NORA Construction Agenda strategic goal 14 and in Chapter 4 of the National Academies 2008 Report. Tracking activities also include collaboration with NIOSH to track progress on National Construction Agenda goals.

About 5-15% of total budget should be dedicated to this component. The development and maintenance of the Center's comprehensive repository of information may be proposed in this component.

As noted in the Essential Components section (see Section IV, number 3), the marketing or promotion of the repository may be a Center-level goal and function.

Special Requirements

A *Summary Annual Report* for the Construction Center will due in January following each budget period. This Center-level summary report will describe 1) all substantive activities relating to the Center, and 2) overall achievements as measured by accomplishments and impacts. This report will be made available to NIOSH for placement on its web site and will be used to provide non-technical information to stakeholders including Congress, public, and others. This report must be submitted electronically (e.g. PDF file). A page limit will be negotiated at the time of grant award. For an example of an annual report, please visit <http://www.cdc.gov/niosh/oep/reports.html#ercreports>

The report will include:

- (a) An "Introduction and Summary" of the program.
- (b) Center Director's report on major accomplishments (highlights) e.g., aims or theme, significance, impact, innovation, partnership development, industry participation, access to worker populations supporting research, new guidance, coordination with NIOSH and other government agencies, and U.S. and international collaboration.
- (c) Summary report for each program and the Center. NIOSH expects to receive a 1 page maximum summary of impacts for the each of the following (report on the whole and on each subproject):

- Pilot Projects program
- Progress on r2p coordination plan
- Research Program (including hypothesis-driven research and r2p research)
- Emerging Issues Program
- Information and Dissemination Program
- Center-level including partnership development or leadership milestones

(d) A listing or table of pilot and research final reports, papers, presentations and other outputs grouped according to type and NORA Construction goals.

(e) Major improvements in occupational safety and health that resulted from Construction Center activities e.g., invention or new equipment design, reported intermediate outcomes, and adopted interventions.

(f) Summary administrative report, discussing relevant personnel and/or appointments, productivity data, new major collaborator, and conference planning or international collaboration and outreach.

Boards and Committees: The Construction Center Director will organize and manage Board/Committee of External Advisors, an internal Executive Committee, and a Construction Center Institutional Review Board (IRB). Recordkeeping of Committee/Board decisions-monitoring-tracking should adhere to federal regulations, national standards, and 'best practices.'

The NIOSH Program Officer may observe the Center's external Board of Advisors meeting. Meeting announcement, agenda, and other materials will be provided to the NIOSH Program Officer 7 days in advance of the meeting.

Pilot Projects: For each performance period of the grant, the grantee will manage a pilot projects program and review process. This includes guidance for applicants and reviewers such as schedules for 'call-for-projects' and scientific reviews, review criteria, and forms. The NIOSH Scientific Program Officer (SPO) retains the option to attend Center's scientific review meetings. After each scientific review, the Center will provide to the NIOSH SPO copies of pilot project applications, scoring of all applications, and a funding recommendation. The NIOSH SPO will have final approval for funding recommendations. Copies of human subject protection research documents (e.g., IRB determination, training certificates) will be provided to the SPO for approval before a pilot project is to commence.

Subprojects: *Subprojects* must identify FOA program relevance (Research; Emerging Issues; Tracking and Dissemination) and preferably NORA National Construction Agenda Intermediate goal. Applications should follow the guidance provided by the NIOSH [R01](#), [R03](#), or [R21](#) program announcements, i.e., NIOSH website. For years 2 through 4, the award recipient will submit applications for competitive supplements to Grants.gov according to the [standard receipt dates](#) for competing applications by grant program announcements.

All individual research sub projects will undergo review for scientific merit prior to funding consideration. This process can take up to 10 months from submission to notice of award; therefore, submissions should be done with forward planning. All research should be completed by the end of the grant project period.

Research projects submitted after February 5, 2013 for new submissions or March 5, 2013 for revised applications will not be considered and will be returned to the source.

Multi-Disciplinary Research (research and r2p projects): The Construction Center will maintain documentation of human subjects protection training for investigators from participating institutions; documentation of IRB approval from investigators' institution before the start of research; and change in key/senior research personnel. This information will be submitted to the NIOSH Program Officer for review and approval along with any proposed changes in research aims or methods. The NIOSH Scientific Program Officer reserves the right to review this documentation during a program visit.

Article submission for NIOSH eNEWS: Construction Center is encouraged to submit quarterly information announcements for [NIOSH eNEWS](#), and for the NORA Construction Newsletter to the NIOSH Scientific Program Officer and NIOSH Construction Coordinator.

Grant Progress Report: The Construction Center must include a cumulative summary matrix/table of active and completed projects/research (i.e., Pilot/Small, Research, and Emerging Issues Program). The NIOSH Scientific Program Officer will provide a sample template of the matrix and/or minimum information fields after notice of award. The Center also will provide a project summary table documenting key personnel, IRB approvals (academic institutions and/or NCC), and certification that personnel performing human subjects research have received training in human subject protection for research related risks.
<http://grants1.nih.gov/grants/forms.htm>.

Electronic Output Sharing: The Construction Center will share research outputs electronically, and will provide to NIOSH Program Officer or designated officiate information on outputs into the NIOSHTIC database and a NORA Construction Sector Council tracking webpage (under development at the time of FOA publication).

Annual Principals' Meeting: The Construction Center will plan, organize and host a full one-day *Construction Center Principals' Meeting* including Construction Center leadership (Construction Center Director, Executive Assistant/Deputy Director, and Program Manager), all Principal Investigators of internal and external research, r2p, and pilot projects, and NIOSH Program Official and their designee(s). The Construction Center is encouraged to invite one or two members of the Center's Advisory Board/Committee. An annual meeting to discuss the 'state of construction research' and emerging issues for partnership development or possible leveraging of resources that promotes and strengthens construction workers' participatory research opportunities and needs. The Construction Center will draft and disseminate a written summary of discussion topics and recommendations within 30 days after the meeting. For budgeting purposes, meeting and travel support may be either: a) fully funded out of the Administrative core, or b) distributed across the Center's Administrative core, Research program, or each Principal investigator. The meeting may be held in conjunction with one of the NORA Construction Sector Council meeting.

Funding/Partial Funding Acknowledgement: The Construction Center is required by DHHS Grants Policy Statement to acknowledge NIOSH funding (including award number) in all publications and highly visible materials. Language will be provided in the Notice of Grant Award.

Construction Data Center and Information/r2p Repository. The purpose is multi-fold: collecting, analyzing, interpreting, and disseminating relevant construction data and characteristics for understanding injury, illness, and fatality burden and trends; maximizing the use of public and private data sources for understanding the magnitude of health-safety-sector characteristics and determinants, and a data resource/service for inquiries from stakeholders (e.g. statistics, basic assistance with data interpretation. The data may be used to assess progress with construction safety and health performance measures/indicators; assess the need of- or impact of prevention and intervention or r2p efforts; facilitate early identification of emerging issues and injury or illness trends; and the dissemination/diffusion of informational materials and products (e.g., Chart Book, technical brief or papers). Because the National Construction Agenda strategic goal 14 contains three intermediate goals addressing surveillance of hazards and outcomes, the Construction Center will be an important partner in coordinating with NIOSH and with tracking progress for this goal. The repository will also contain up-to-date r2p research and model r2p outputs for the construction sector (e.g., fact sheets, relevant case studies or success stories, planning worksheet, citations, and text titles). This information is intended to be made available to intramural and extramural individuals and the public, in possible various formats and languages in order to advance awareness and acceptance of r2p workplace solutions in construction.

See [Section VIII, Other Information](#) - Required Federal Citations, for policies related to this announcement.

Section II. Award Information

1. Mechanism of Support

The HHS/CDC U60 is a cooperative agreement assistance instrument. Under the U60 assistance instrument, the Recipient Organization retains the primary responsibility and dominant role for planning, directing, and executing the proposed project, and with HHS/CDC staff substantially involved as a partner with the Recipient Organization, as described in [Section VI.2.A.](#), "Cooperative Agreement".

This FOA uses just-in-time concepts. It also uses only the detailed Research and Related Budget. Do not use the PHS Modular Budget page.

2. Funds Available

Funds Available and Anticipated Number of Awards. NIOSH intends to commit up to \$5,000,000 in new money for total costs (direct plus indirect) annually for up to five years for a new or competing National Center for Construction Safety and Health. Award and level of support depends on receipt of applications of high scientific merit.

Although the financial plans of NIOSH provide support for this program, any award issued under this FOA are contingent upon the availability of funds and the submission of meritorious application as judged by peer review evaluations of the individual components/programs within the application and the overall Construction Center application as a whole.

Continuation awards within an approved project period will be made based on satisfactory progress as evidenced by required reports and the availability of funds. All new subprojects (programmatic projects) will undergo formal peer review for scientific merit to be considered for addition to the Construction Center. The NIOSH review and award timeline typically spans 10 months.

Applicant (leadership team and Principal Investigator of research projects) should include funds in their budgets for one trip per year to meet with NIOSH Program Officer and scientists, i.e., Principals' Meeting. The budget should allow for a full one-day meeting. The applicant has the discretion of budgeting travel support in the Administrative core or to each research project and program area. This meeting may be scheduled to coincide with the NORA Construction Sector Council meeting.

No approved subprojects can exceed the length of the project period of the Construction Center award. Should Construction Center subproject funding become available in years 4 and 5, the Construction Center is encouraged to consider short-term subprojects (e.g., small research mechanism/R03; pilot project). In years 4 and 5, NIOSH will give emphasis to developmental type research projects (e.g., R21), r2p projects, and emerging issues projects. All work must be completed by the end of the grant performance period. Applications for competitive supplements must undergo NIOSH review for scientific merit prior to funding consideration, including compliance with human subjects protection for research risks.

For the Emerging Issues Program, in years 1 and 2 NIOSH expects to approve one or two subproject projects. Each proposal should be budgeted at no more than \$250,000 in total costs and should be completed within 2 years.

For each year of funding, NIOSH expects the budget for the Administrative core not to exceed 25% of total budget, the Research Program to be about 50-60% of total budget, the Emerging Issues Program to be about 5-10% of total budget, and the Tracking and Dissemination component to be about 5-15% of total budget.

Section III. Eligibility Information

1. Eligible Applicants

1.A Eligible Institutions

You may submit an application if your organization has any of the following characteristics:

- For-profit organizations
- Non-profit organizations
- Public or private institutions, such as universities, colleges, hospitals, and laboratories
- Units of State government
- Units of local government
- Eligible institutions of the Federal government
- Domestic institutions (Foreign institutions are not eligible to apply)
- Faith-based or community-based organizations
- Indian/Native American Tribal Government (Federally Recognized); Indian/Native American Tribal Government (Other than Federally Recognized); and Indian/Native American Tribally Designated Organization

2. Cost Sharing or Matching

Cost Sharing or Matching is not required.

The most current HHS Grants Policy Statement is available at:

<http://www.hhs.gov/grantsnet/adminis/gpd/>.

3. Other-Special Eligibility Criteria

Only one application per eligible institution/organization will be accepted.

If your application is incomplete or non-responsive to the special requirements listed in [Section IV](#), it will not enter into the review process.

Note: Title 2 of the United States Code Section 1611 states that an organization described in Section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting an award, grant, or loan.

Section IV. Application and Submission Information

1. Request Application Information

The PHS 398 application instructions are available at <http://grants.nih.gov/grants/funding/phs398/phs398.html> in an interactive format. Applicants must use the currently approved version of the PHS 398. For further assistance contact Grants Info, Telephone (301) 435-0714, Email: GrantsInfo@nih.gov.

HHS/CDC Telecommunications for the hearing impaired: TTY 770-488-2783.

2. Detailed Content and Form of Application Submission

Applications must be prepared using the most current PHS 398 research grant application instructions and forms. Applications must have a Dunn and Bradstreet Data Universal Numbering System (DUNS) number as the universal identifier when applying for Federal grants or cooperative agreements. The D and B number can be obtained by calling (866) 705-5711 or through the web site at <http://www.dnb.com/us/>. The D and B number should be entered on line 11 of the face page of the PHS 398 form.

The title and number of this funding opportunity must be typed on line 2 of the face page of the application form and the YES box must be checked.

TABLE OF CONTENTS FOR AN APPLICATION TO THIS FOA

- Face Page from the 398 application kit
- Construction Center Description, Performance Sites, and Personnel, Form page 2 (use additional continuation pages as needed)
- Table of Contents
- Detailed Budget for the Initial Budget Period for the Entire Construction Center

- Budget for the Entire Proposed Period of Support (up to 5 years) for the Entire Construction Center
- Detailed Budget for Administrative Core for the Initial Budget Period and up to 5-years (in the upper left margin, type the name of the project)
- For each of the programs, individual program component budget should be at the end of each program application.
- Biographical Sketch- Center Director/Principal Investigator
- Other Biographical Sketches e.g., Program Manager, Deputy Director/Executive for Construction Center
- Other Support (including letters of support from advisory committee nominees, IRB nominees, or collaborating public or private organizations, and individual collaborator/consultant)
- Overall Description of the Construction Center (2 page maximum)
- Past Performance/Accomplishments in Last Project Period (existing Center) – 5 page limit e.g. scope, partners, and overall construction relevance and impact.
- Past Performance/Accomplishments Relevant to Construction Center goals (new applicants)
- Statement on the Institutional Commitment to the Construction Center (1 page maximum)
- Identification of the States and/or organizations/institutions that will be involved with the project/research, when applicable.
- Human Subjects summary table that lists all the projects and human subjects information (project title, performance sites, federal-wide assurance (FWA) number, documentation of IRB approval date/status, and training certificates for key/senior personnel)
- Administrative (Leadership, Administration, Management and Planning) Core Cover Sheet
- Administrative Core description (should not exceed 6 pages)
- Research Program Projects Cover Sheet (NORA National Construction Agenda and National Academies 2008 Recommendations)
- Research Program Plan A – Hypothesis-driven projects
- Detailed budget for the initial period and a budget for the entire proposed period
- Research Program Plan B – Research-to-Practice (r2p) projects [use as many headings as there are projects]
- Detailed budget for the initial period and a budget for the entire proposed period
- Emerging Issues in Construction Program Cover Sheet
- Emerging Issues in Construction Program Plans (use as many headings as there are projects)
- Detailed budget for the initial period and a budget for the entire proposed period
- Tracking and Dissemination Program Cover Sheet
- Tracking and Dissemination Program Plans (use as many headings as there are projects)
- Detailed budget for the initial period and a budget for the entire proposed period

Note: each Research Project proposal, Emerging Issue Project proposal, and Safety & Health Surveillance and Dissemination Program proposal must use the following outline:

- Header Page with Title and Program Director/Principal Investigator name (do not use a 398 face page) Description, Performance Sites, and Personnel (form page 2)
- Highlights of Accomplishments for Past Project Period if it was part of an Existing Construction Center (1 page maximum)
- Specific Aims and expected output/outcome
- Construction goal relevance i.e., the specific NORA Construction intermediate goal(s) numbers.
- Background and Significance
- Preliminary Studies/Progress Report
- Project/Research Design and Methods

(For pilot projects, 12 months or less time frame, the aims, background, preliminary studies, construction goal, and research design and methods together cannot exceed 15 pages. For other projects, these items cannot exceed 25 pages.

- Human Subjects
- Vertebrate Animals
- Literature Cited
- Consortium/Contractual Arrangements
- Consultants and Collaborators, including NIOSH

Note: Type density and size of the entire application must conform to the limits provided in the 398 instructions on page 17.

Note: The CDC U60 uses ONLY the detailed Research and Related Budget. (Do not use the PHS 398 Modular Budget.)

3. Special Requirements

The National Center for Construction Safety and Health must be more than a collection of individual projects or programs. The leadership attributes and synergy of the Center should support opportunities for national and international dialogue, implementation of national construction goals, a forum for partnership development, creation of research aims, identification of emerging issues, and

resourcefulness in construction safety and health. Also, the Center would leverage its resources, expertise, leadership and networks for improving construction safety and health in the U.S. and abroad.

There must be a demonstrated commitment of the applicant's institution toward the support and operation of the Center. Such support can be demonstrated by faculty or personnel release time, capital improvements to enhance or facilitate the operation of the center, or assistance in acquiring relevant equipment, supplies or support personnel. In-kind contribution(s) of an institution should be summarized, when applicable.

Essential Components

The Construction Center is expected to foster and support national-level leadership and outreach, hypothesis-driven research, r2p activities/projects, identify appropriate actions and responses for emerging issues in construction safety and health (e.g., interventions and prevention), and maintain an up-to-date, easy-to-access information 'clearinghouse' for various audiences including workers, employers, and media. The Center is expected to be a synergistic effort that involves center-wide functions, expertise in various program areas, and individual projects clearly related to the priorities listed in this announcement.

While flexibility is allowed in the organizational structure and management of the Center, some components are considered essential for a fully functional Center. These are:

- **Leadership, Administration, Management and Planning Core**– not to exceed 25% of total budget
 - includes management of the pilot/small projects sub-program
 - includes promotion/marketing for Repository (i.e., sector indicators and r2p information)
 - includes internal and external advisory bodies
 - reporting and financial management
 - partnership development and outreach
 - planning and organizing the Principals' Meeting

- **Research Program for NORA National Construction Agenda and National Academies 2008 Recommendations** - 50-65% of total budget
 - hypothesis-driven research e.g., R01, R03, R21 for NORA Construction Intermediate research goals and for National Academies 2008 Report priority topics
 - r2p research projects e.g., NORA Construction Intermediate r2p goals and National Academies' 2008 Report recommendations
 - surveillance research projects, when applicable e.g., new method

- **Emerging Issues in Construction** - 5-10% of total budget
 - assess new hazards, exposures, processes, or factors in construction

- **Tracking and Dissemination Program** - 5-15% of total budget
 - ongoing collection, analysis, interpretation and dissemination of construction sector characteristics-morbidity-mortality data
 - development of awareness and educational information and its dissemination
 - canvassing, collecting, and compiling r2p advancements, 'best practices', and success stories in construction
 - direct costs for r2p coordinator, and/or data analysis personnel e.g., epidemiologist, biostatistician, technical writer, diffusion & communication scientist, social marketing scientists or specialist, etc.
 - construction solutions resources and programming
 - website and other IT support

As guidelines, the percentages do not have to be met exactly for any year of the budget proposal, and they are primarily a guide for the first year's budget. However, these percentages are intended to ensure the inclusion of a substantive program component in each area.

Leadership, Administrative, Management and Planning Core (not to exceed 25% of total budget)

This Administrative core encompasses overall leadership and outreach, administrative, management, planning, and reporting and dissemination functions; internal and external advisory committees, pilot project program, and outreach. Particular Center-wide leadership and outreach functions (developing expertise in leadership and systems approaches; information dissemination strategies and practices; leadership in safety consortia or trade organizations) may be included here.

The Administrative Core must have strong leaders who are: 1) committed to the program, 2) capable of providing a coordinated vision or goals and scientific leadership, and 3) accept responsibilities for administering and integrating a national program with construction stakeholders for impact.

Assessment of the ability of the Construction Center Director/PI of the Construction Center to lead highly integrated, multi disciplinary activities and programs will be a significant consideration in the evaluation of the application. The Center Director is encouraged to align and leverage the Center's organizational resources with external organizations for maximizing impact and effectiveness of programs.

Center Director/Principal Investigator should commit a minimum of 30% effort (direct and in-kind). The administrative core provides the organizational infrastructure for the entire Construction Center and should not be duplicated within the program areas. Responsibilities and activities include:

- A. Providing suitable organization and facilities to conduct outreach and partnering, education, data processing and analysis, reporting, prevention, intervention, r2p, and research activities.
- B. For tracking overall impact the Construction Center Director should monitor project-specific accomplishments and intermediate outcomes arising from use of research outputs. NIOSH will provide a sample basic template or spreadsheet for this effort. (This data may be used to help craft the Annual and/or Grant Progress Report).
- C. Managing an Internal Advisory Committee to assist the Construction Center Director/Principal Investigator in making administrative and strategic decisions about operations of the overall Construction Center, and serve as main points of coordination between program areas and projects. This committee should consist of the individual program leaders and research project leaders (PI). These individuals may assist the Construction Center Director with partnership development, planning, implementation, and evaluation efforts. Internal Advisory Committee members should have a minimum commitment of 10%.
- D. Appointing and managing an External Advisory Board to provide overall guidance, advice and feedback to the Center Director/Principal Investigator, program managers, and research project leaders on current efforts and future directions (and opportunities) of the Center. This committee should consist of recognized leaders in construction safety or health, members of the Construction community, representatives from collaborative and partnership organizations, and members of the construction community or populations served by the Center. The Construction Center Director is expected to forge strong working relationships with the Board, other construction safety alliances and organizations, and opinion leaders for advancement of construction safety and health. Letters of support from Board member is encouraged by NIOSH.
- E. Managing pilot/small projects that encompass evaluation, translation, prevention effectiveness, intervention effectiveness, r2p, and research. These projects should encourage investigation and development of creative approaches, methods, and/ or preliminary data for research, r2p, emerging issues, and intervention and prevention plans.

Pilot projects are considered an important and integral part of the Construction Center. Pilot projects can include, but are not limited to:

- 1) Providing initial support for investigators to develop new or innovative approaches/lines of investigation especially addressing NORA Construction goals and/or emerging issues;
- 2) Exploring innovative or new directions representing a significant departure from ongoing funded projects in construction sciences; and

3) Encouraging investigators from other fields of study to apply their expertise to construction safety and health issues and NORA national goals e.g., psychology, 'consumer' marketing/sciences, economics, applied computer sciences, work organization, communication sciences.

NIOSH expects about 6-7 completed pilot projects per year, representing about 15% of the Administrative budget. Funds should be designated to provide support for short-term projects (12 months or less) with funding up to \$30,000 in total costs. This is an opportunity for investigators to collect sufficient preliminary data/information to pursue support through other funding mechanisms e.g. R03, R21, R01.

Managing a pilot/small projects program should include the following:

- 1) Appropriate announcement of funding available for pilot projects and solicitation of projects.
- 2) Merit review of projects. The Construction Center collaborates with outside individuals along with Center scientists with expertise in the subject matter for a pilot project application. The review is to be conducted according to an appropriate review process culminating in a projects scoring, ranking, and funding recommendation. Documentation of reviews must be retained by the Center, and made available to the NIOSH Scientific Program Officer upon request.
- 3) For each performance period of the grant, the Construction Center will submit a written pilot projects scoring, ranking, and funding recommendation to the NIOSH Scientific Program Official for final approval. Also, documentation of human subjects research protection (e.g., IRB determination, training certificates) must be submitted to the NIOSH Program Officials for approval prior to commencing the project. This information should be submitted as a complete projects documents package on a mutually determined timeline but before research is commenced.
- 4) Reporting of results for each funded pilot project in grant progress report PHS form 2590, and possibly in the annual summary report.
- 5) Obtaining input from the Internal and External Advisory Committees for the management and impact of the pilot projects sub-program.

F. Managing the Construction Center data center and repository function including regular dissemination of indicator/surveillance and r2p findings.

G. Updating r2p Coordination Plan in the grant progress report e.g., priorities, modifications.

H. The Construction Center Director is encouraged to assist or coordinate with implementation of the NORA Construction Implementation/Action Plan.

Research Addressing National Construction Agenda/NORA Goals and National Academies 2008 Recommendations for NIOSH (about 50-65% of total budget)

In total, 9 or 10 research projects are expected for the initial year: at least 6 hypothesis-driven research projects (e.g., R01, R03, and R21) addressing NORA Construction Agenda goals, 1 research project addressing a National Academies 2008 Report priority topic, and at least 2 r2p projects. For the NORA project projects, a Construction Center application is expected to have projects that are spread across NORA Outcome-Health Hazards-Contributing Factors Intermediate goal as was described in Part I Section II of this FOA.

Individual projects should identify the significance or need of the research, for NORA Construction projects the particular Intermediate goal(s) number, and types and geographical distribution of the construction issue which will be addressed by a project. The size and characteristics of populations which can potentially be impacted by the research findings should be described and expected outputs should be identified.

a) Research projects are hypothesis-driven investigations focused on improving our understanding of construction-related injuries and/or illnesses and how to reduce or prevent them. Research projects should: target the priorities identified earlier in this announcement such as NORA goals; involve multidisciplinary efforts to address important problems; avoid fragmentary or duplicative efforts; and be clearly related to the mission of the Center. Short-term longitudinal surveillance studies, etiology, engineering controls, risk characterization, hazard or exposure assessment, analysis, intervention, translation, dissemination, and r2p are some topics that may be included. Both field and lab projects may be considered. Examples of r2p topics include methods/adoption/delivery, evaluation and impact assessment, intervention effectiveness, or social marketing.

Each research proposal submitted as part of the Construction Center application should be prepared as a stand alone proposal because each one will be reviewed separately. To be considered for funding,

b) r2p and/or impact research comprise an essential part of the Center's role to improve the safety and health of construction workers by delivering user-oriented products and materials. The imparting of research findings into practical, workable solutions at construction sites is paramount for impact. R2p includes translation and transfer (e.g., facilitation of adoption) dimensions for appropriate audiences/users so that they will be put to maximum usage for reducing injury and illnesses and for impact. Projects and activities should specifically identify:

1. the population/trade of interest and related need of a particular workplace solution;

2. mechanisms for establishing communication and active partnerships with local organizations, employers, educators/trainers, and community leaders;
3. development of targeted user materials and effective dissemination/diffusion practices;
4. describe the r2p project approach, barriers to translation and their interaction when applicable, contextual factors, external validity and impact of contextual factors, time frame, and basic evaluation criteria;
5. how and why the proposal makes the critical link between research and workplace impact; and
6. cite or summarize relatedness for addressing NORA Construction r2p Outcomes-Health Hazards-Contributing Factors intermediate goals.

A Construction Center must have at least two r2p project projects. These projects should be spread across NORA Outcome-Health Hazards-Contributing Factors Intermediate Goals

For informational and resource purposes, several investigators have published research and recommendations for particular r2p topics for the construction sector. A select listing of citations follows: Roadmap to Ergonomic Innovation VOL 13/NO 1, JAN/MAR 2007 • www.ijoeh.com; A Stage of Change Approach to Reduce occupational ill health Z. Whysall et al. ,Preventive Medicine 43 (2006) 422–428; Targeting Ergonomic Interventions R.A. Haslam , Applied Ergonomics 33 (2002) 241–249; and Evolution of Diffusion and Dissemination Theory, James Dearing, *J Public Health Management Practice*, 2008, 14(2), 99–108. Other materials and resources are on the NIOSH website by visiting <http://www.cdc.gov/niosh/r2p/> NIOSH intends to provide information over the life of the cooperative agreement regarding possible topics or approaches which may be used to help create projects.

Emerging Issues in Construction (about 5-10% of total budget)

The construction industry is undergoing rapid change and there is a need to anticipate and address emerging issues for construction safety and health. Whether these involve new types of materials, technologies, exposures, outcomes or changes in work organization, there is a need to target these topics. The National Academies 2008 Report for Construction Research at NIOSH, along with scientific or sector literature, may be used to identify specific emerging issues, e.g., overcoming barriers to the conduct and use of epidemiologic research. The NIOSH construction sector homepage along with construction safety organizations may be source of emerging issues for developing research projects. An applicant may propose activities and projects for other and 'unlisted' emerging issue topics provided a strong rationale including nature and potential severity of the issue, NORA goal relatedness, type and distribution of target populations or sites, aims, methods, and expected outcomes and impacts.

Applications should be submitted to the appropriate NIOSH grant program announcement [follow the NIH guidance for an R01, R03, or R21 submission.]

NIOSH expects an applicant to select and/or propose 2-3 projects annually. The number of projects will likely increase in years 3, 4, and 5 as described in [Section II](#). Typically, projects will be 1-2 years in duration and may address exploratory-developmental-hypothesis testing research. An applicant may propose emerging topics and research duration provided a strong rationale and expected partners or target participants, outputs and impacts on construction worker safety and health.

Tracking and Dissemination Component (about 5-15% of total budget)

This program supports two important activities. It supports ongoing tracking and surveillance efforts to collect, analyze, and disseminate information about construction sector characteristics, fatal and nonfatal injuries, illnesses and disabilities, and other factors. It also supports the effective transfer of new knowledge to construction stakeholders via dissemination and diffusion of research and workplace solutions. Both are integral to assess and/or assist National Construction Center efforts, NIOSH Construction Program efforts, and the efforts of stakeholders across the construction industry.

Tracking activities also include collaboration with NIOSH to track progress on National Construction Agenda goals. Surveillance improvement recommendations and discussion can be found in NORA Construction Agenda strategic goal 14 and in Chapter 4 of the National Academies 2008 Report. Dissemination activities can include support for web portals, online databases, repositories, and use of social marketing or promotion of information products to increase industry wide awareness and ultimately to influence intermediate and end outcomes.

Foreign Organizations

Foreign Organizations are not eligible.

4. Letter of Intent

Prospective applicants are requested to submit a Letter of Intent (LOI) that includes the following information:

- Name, full address, and telephone numbers for the Center Director/Principal Investigator
- Descriptive title of proposed research (Center; all Programs; and each research project)
- Name(s) and addresses of PI/key personnel for research projects
- Participating institution(s)
- Approximate total budget for the Center for the initial budget period
- Number and title of this funding opportunity announcement

The LOI is not required but strongly encouraged, is not binding, and does not enter into the review of a subsequent application. The information provided in the LOI enables NIOSH staff to estimate the

potential review workload and to plan for the review. A listing of research project titles structured under the specific program is encouraged e.g., Research Program: NORA goal ##: r2p dissemination project for preventing exposure to welding fumes for iron workers.

The letter of intent must be received in NIOSH by March 31, 2009.

The letter of intent should be provided to:

George Bockosh, MS
Office of Extramural Programs
National Institute for Occupational Safety and Health
Centers for Disease Control and Prevention
1600 Clifton Road NE, Mailstop E74
Atlanta, GA 30329-4018
Telephone: 412-833-0874
FAX: 404-498-2571
Email: GBockosh@cdc.gov

Overnight Mail Address:

2400 Century Parkway NE
Office 4209
Atlanta, GA 30345-3114
Attention: Construction LOI

4. A.1 Submitting an Application to NIH

Applications submitted to NIOSH are processed through NIH. Applications must be prepared using the research grant application forms found in the PHS 398 instructions for preparing a research grant application. Submit a signed, hardcopy original of the application, including the checklist, and three signed photocopies in one package to:

Center for Scientific Review
National Institutes of Health
6701 Rockledge Drive, Room 1040, MSC 7710
Bethesda, MD 20892-7710 (U.S. Postal Service Express or regular mail)
Bethesda, MD 20817 (for express/courier service; non-USPS service)

Personal deliveries of applications are no longer permitted (see <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-03-040.html>).

At the time of submission, three additional paper copies of the application and one CD ROM disk containing appendix materials (if any) must be sent to:

George Bockosh, MS
Office of Extramural Programs
National Institute for Occupational Safety and Health
Centers for Disease Control and Prevention
1600 Clifton Road NE, Mailstop E74
Atlanta, GA 30329-4018
Telephone: 412-833-0874
FAX: 404-498-2571
Email: GBockosh@cdc.gov

Overnight Mail Address:

2400 Century Parkway NE
Office 4301.04
Atlanta, GA 30345-3114

4. B.1 Application Processing

Applications must be **received** on or before the application submission receipt date(s) described in [Part I](#). If an application is received after May 15, 2009, it will be returned to the applicant without review.

Upon receipt applications will be evaluated for completeness by CSR. Incomplete applications will not be reviewed.

NIOSH will not accept any application submitted to this announcement that, duplicates, or is essentially the same as, another one currently pending initial merit review unless the applicant withdraws the pending application. NIOSH will not accept any application that is essentially the same as one already reviewed.

Information on the status of an application should be checked by the Center Director/Principal Investigator in the eRA Commons at: <https://commons.era.nih.gov/commons/>.

5. Intergovernmental Review

Executive Order 12372 does not apply to this program.

6. Funding Restrictions

All HHS/CDC awards are subject to the terms and conditions, cost principles, and other considerations described in the [HHS Grants Policy Statement](#).

Restrictions, which applicants must take into account while writing their budgets, are as follows:

- Funds relating to the conduct of research involving human subjects will be restricted until the appropriate assurances and Institutional Review Board approvals are in place.
- Reimbursement of pre-award costs is not allowed.
- Funds for renovation of existing facilities or to purchase substantial amounts of equipment will generally not be allowed. Any such requests must be well justified as critical for the success of the overall Center.
- This funding should not be used as a substitute for individual research grant support. It is expected that investigators will have a history of independent project support in addition to Construction Center support.

7. Other Submission Requirements

Awardees upon acceptance of Notice of Award (NoA), must agree to the "Cooperative Agreement Terms and Conditions of Award" in [Section VI](#). "Award Administration Information".

Applicants' research plan(s) should address activities they will conduct over the entire project period.

Access to Construction Worker Populations

The Construction Center must document access to substantial construction worker populations and provide reasonable assurance that they are available to participate. The Center must describe how construction trade(s) workers and/or employers will be identified for potential recruitment for research. The development and maintenance of worker registries may be appropriate.

The HHS/CDC/NIOSH requires the CD/PI of the Construction Center to fill in his/her eRA Commons User ID in the "PROFILE – Project Director/Principal Investigator" section, "Credential" log-in field of the "Research and Related Senior/Key Person Profile" component. The applicant organization must include its DUNS number in its Organization Profile in the eRA Commons. This DUNS number must match the DUNS number provided at CCR registration with Grants.gov. For additional information, see Registration FAQs – Important Tips -- [Electronic Submission of Grant Applications](#).

Renewal Applications: Additional Material Required

An application for renewal must provide information documenting the impact (e.g., major significance, relevance, action-oriented influence, benefits) of the Center and its research on construction worker health and safety from the original application. See [Section V. Application Review Information](#) for the review criteria to be addressed.

Research Plan Component Sections

Your research plan must not exceed limits set in [Section IV](#). If your research plan exceeds the page limitation, your application may be considered unresponsive and ineligible for review.

Special Instructions for Appendices

An appendix is permitted but should include only those materials appropriate for the proposed grant mechanism. Appendix materials should be supplied in the form of a PDF file contained on a CD ROM disk. Paper copies of appendix materials will not be accepted. The preparation of appendices should conform to the instructions described by the 11/2007 revision of the [PHS 398 Instructions](#) and [NIH Notice NOT-OD-08-031](#).

NIOSH (with AHRQ and NIH) has published new [limitations on grant application appendix materials](#) to encourage applications to be as concise as possible while containing the information needed for expert scientific review.

Do not use appendices to circumvent the page limitations of the Research Plan component. An application that does not observe the relevant policies and procedures may not be considered in the review process. Applicants are reminded to review specific FOAs for any additional program-specific guidance on Appendix material and other application requirements.

Plan for Sharing Research Data

All applicants must include a plan for sharing research data in their application. Applicants should consult the HHS/CDC data sharing policy available for [additional requirements on release and sharing of data](#) (under Additional Requirements 25). All investigators responding to this funding opportunity should include a description of how final research data will be shared, or explain why data sharing is not possible.

The precise content of the data-sharing plan will vary, depending on the data being collected and how the investigator is planning to share the data. Applicants should describe briefly the expected schedule for data sharing, the format of the final dataset, the documentation they will provide, whether or not any analytic tools also will be provided, whether or not a data-sharing agreement will be required and, if so, a brief description of such an agreement (including the criteria for deciding who can receive the data and whether or not the awardee will place any conditions on their use), and the mode of data sharing (e.g., under their own auspices by mailing a disk or posting data on their institutional or personal website, through a data archive or enclave).

The reasonableness of the data sharing plan or the rationale for not sharing research data will be

assessed by the reviewers. However, reviewers will not factor the proposed data sharing plan into the determination of scientific merit or the priority score.

Sharing Research Resources

HHS policy requires that grant award recipients make unique research resources readily available for research purposes to qualified individuals within the scientific community after publication (refer to related [HHS Grants Policy Statement](#)). Investigators responding to this funding opportunity should include a plan for sharing research resources addressing how unique research resources will be shared or explain why sharing is not possible.

The adequacy of the resources sharing plan and any related data sharing plans will be considered by the HHS/CDC Program staff of the funding organization when making recommendations about funding applications. The effectiveness of the resource sharing will be evaluated as part of the administrative review of each non-competing Grant Progress Report (PHS 2590, <http://grants.nih.gov/grants/funding/2590/2590.htm>). See [Section VI.3. Reporting](#).

Section V. Application Review Information

1. Criteria

Only the review criteria described below will be considered in the review process.

2. Review and Selection Process

Applications submitted in response to this funding opportunity will compete for available funds with all other recommended applications. The following will be considered in making funding decisions:

- Scientific merit of the proposed Construction Center and its subprojects as determined by peer review
- Availability of funds
- Relevance to NIOSH program, NIOSH construction program, NORA National Construction Agenda goals/priorities , and recommendations by the National Academies (2008) for Construction Research at NIOSH.

Applications that are complete and responsive to the FOA will be evaluated for scientific and technical merit by an appropriate scientific peer review group convened by NIOSH in accordance

with the review criteria stated below.

As part of the initial merit review, all applications will:

- Undergo review and all applications under review will be discussed and be assigned a priority score
- Receive a written summary statement consisting of:
 - A summary evaluation of the Construction Center (considering all component Programs and Projects)
 - A separate evaluation of the Leadership, Administration, Management and Planning Program
 - A separate evaluation of each Research Project (Research Program)
 - A separate evaluation of the Emerging Issues in Construction Program
 - A separate evaluation of the Tracking and Dissemination Program
- Receive a second level of review for programmatic relevance by the NIOSH Secondary Review Council
- A score for individual programs (except for Research Program) and for each research project
- Applications submitted in response to this FOA will compete for available funds with all other eligible applications

Site Visits

A site visit to the applicant's institution may be made to assess the Center-level (core) proposal, but not the individual programs. When done, the site visit team would include members of the Special Emphasis Panel with relevant expertise, the NIOSH Scientific Review Officer, and the NIOSH Scientific Program Officer. Upon completion, NIOSH will assign a score (e.g., 1 to 5) for this core, and this score will be combined with a score for individual programs and research projects for the purpose of evaluating an application.

A site visit is not a prerequisite for consideration of an application by NIOSH. Therefore, the application is considered a complete document for review purposes. If a site visit is conducted, it provides an opportunity for the Center Director/Principal Investigator and associates to elaborate on partnership development and within the Center synergy among its programs,, cost effectiveness, and quality control features, and on other Construction Center activities for which funding is requested, as well as to answer reviewers' questions. The site visit team will not consider additional research projects or investigators, major revisions or amendments to the application, or any component which has not been

included in the application. Budgetary changes also will not be considered during a site visit. Results from the site visit are reported and discussed during the initial merit review.

Initial Review Group Considerations

The goals of the NIOSH research program are to develop an understanding of the risks and conditions that are associated with occupational diseases and injuries in construction, to explore methods for reducing risks and for preventing or minimizing exposure to hazardous conditions in construction, and to translate and/or disseminate significant scientific findings into prevention practices and products that will effectively reduce construction-related fatalities, disabilities, illnesses and injuries. Specific research priorities are derived from the NORA National Research Agenda for construction, the NIOSH construction program, and other reports such as the National Academies Report (2008). Detailed information about the NORA National Construction Agenda can be found at <http://www.cdc.gov/niosh/nora/>. In their written critiques, reviewers will be asked to comment on each of the following criteria in order to judge the likelihood that the proposed activities and research will have a substantial impact on the pursuit of these goals. Each of these criteria will be addressed and considered in assigning the overall score, weighting them as appropriate for each application.

Note that an application should be strong in all categories/programs to be judged likely to have major scientific impact and thus deserve a high priority score.

Review Criteria for the Overall Integration and Quality of the Construction Center and Its

Components Significance: The impact of the Construction Center in addressing national and regional needs for construction worker illness and injury protection. Does the creation or continuation of the Construction Center advance the field of occupational safety and health, create opportunities for partnering among leaders and innovative collaboration for quality construction research, and a state-of-the-art informational resource including forr2p? Does the Construction Center address the needs of at-risk or vulnerable worker populations in construction such as immigrant Hispanic workers?

The extent to which the Center demonstrates the capacity to function as a national resource in terms of construction safety and health expertise, collecting and synthesizing information, and translating and disseminating promising practices and novel approaches to protect construction workers? The extent to which the Center provides letters of support, and memoranda of understanding (as appropriate) with key partner agencies, organizations, and owners/employers?

Past Performance: The adequacy of the record of the Construction Center in activities and programs to protect workers from illnesses and injuries in construction settings and the degree to which the

Construction Center has established itself as a recognizable entity in this area of occupational safety and health. Was the success of the Construction Center adequately described in terms of developing, testing, and implementing and/or diffusing interventions and/or research to protect construction workers? Were outreach and education accomplishments and impacts highly influential and effect change? Was the impact and productivity of the Construction Center clearly demonstrated through publications, creation and dissemination of educational materials by Construction Center investigators, conferences and briefs, new funded research grants in construction injury prevention, new collaborations or partnerships with other organizations, and success in r2p or solution adoption initiatives? For a competing continuation application, the evaluation will be based on information submitted since the previous competitive review (2004). For new applications, this will be based on the history of prior related efforts and the proposed Construction Center program plan.

Has adequate progress been demonstrated on research projects that are ongoing? Were any difficulties in achieving the previously proposed specific aims addressed? Do the new research goals constitute logical extensions of the research projects and is there clear evidence that the continuation of the research project will lead to new research findings? Have they published or submitted for publication manuscripts describing their previous findings? For research projects that will not be continuing in the renewal: Has a progress report been provided that includes the reasons why the project was discontinued?

Approach: Is the application cohesive and likely to achieve Center-level synergy and integration of the component programs? Is the proposed Construction Center more than the sum of its parts, not just a collection of programs? Does the Center adopt and monitor a strategic plan for assessing its relevance and impact on construction safety and health? Are positive working relationships demonstrated with Committee members, trade associations, organized labor, construction companies/employers, and lead to participation in interventions and studies? Do the component programs and research projects show integration and foster interdisciplinary interaction for development of activities and proposals? Is the proposed Construction Center capable of and committed to engage peer organizations for making impact at the national and regional level? Does the Construction Center intend to pursue NORA construction agenda goals? Does the application contain the required number and type of projects?

How does the applicant propose to fund and support r2p related personnel or other resource needs (direct costs)? Is there a clear connection/integration between the proposed r2p projects and the Construction Center r2p Coordination Plan? Is r2p coordination strategy, principles, and practice made evident to the Center's internal programs? Is r2p pilot/small studies listed as an eligible topic in the Center's small studies guidance/call-for-submissions? Is it clear that the Center intends to provide technical assistance to investigators for developing r2p plans?

Innovation: The degree of innovation indicated by the Construction Center and component programs. Does the Construction Center propose new and innovative programs and maintain highly effective approaches to improving construction safety and health? Does the Construction Center indicate a position/person to engage private and public institutions to foster innovation?

Does the program employ state-of-the-art concepts and approaches for surveillance/tracking, information dissemination, and/or r2p? Does the program propose any relevant new activities or methodologies to enhance the surveillance, communication and information dissemination, and/or r2p?

Investigators: The qualifications of the Construction Center Director and leadership/programs team in managing a complex Construction Center. Are the qualifications of the Program Leaders to coordinate, oversee, and manage a component program as evidenced by his/her training and record of accomplishments adequate?

Does the Construction Center include personnel knowledgeable about communication science, and about research methods and translation and transfer barriers in r2p? Does the Center identify a particular person and his/her expertise or credentials, or is function to be provided by an external collaborative arrangement? Does the Center intend/demonstrate to provide scientific and/or technical assistance to researchers in developing and implementing an r2p plan e.g., logic model-assisted planning? Is the r2p 'coordinator' a listed key personnel for some research projects? Does staff indicate willingness to collaborate with other specialists and scientists for conduct and advancement of r2p in the Construction Center and nationwide?

Environment: Quality, sufficiency, and multidisciplinary character of the r2p, intervention, and research environment. Is there evidence of institutional commitment to the Construction Center such support can be demonstrated by faculty or personnel release time, supplies or support personnel or any in-kind contribution?

Review Criteria for Leadership, Administrative, Management and Planning Core

Adequacy of the Leadership, Administrative, Management and Planning Core: Are there adequate overall plans for administration, leadership, planning, and management of the Center? Is the Construction Center Director adequately supported and is there adequate depth of management to provide long-term continuity of Center leadership? Does the administrative structure facilitate

communication among the Construction Center program managers and the project/research leaders? Are there plans for long-term and periodic management, allocation of funds and cooperative arrangements designed to effectively achieve the goals of the Center? Does the plan have 'benchmarks' for the establishment of new partnerships e.g., performance-based strategies? Do principal investigators and/or program managers indicate a willingness to lead or participate in NORA Strategic goal workgroups (via meetings and teleconferences) in order to help communicate and coordinate among stakeholders including researchers?

Does the institution's mission or value statements address preservation of scientific integrity, responsible conduct of research and projects, and ethical, impartial conduct of 'competed' activities or funding?

Indication that the Construction Center Director supports implementation of organizational and leadership development goals and objectives.

Impact and visibility of the Construction Center Director in promoting and implementing construction safety and health goals. Does the Construction Center Director provide input to, and assist with, implementation of the NORA Construction goals?

The breadth and depth of topics for which the Construction Center proposes scientific collaboration with NIOSH and other agencies and their grantees. Does the Construction Center propose multidisciplinary, multi-goal oriented collaboration and outreach? Are projects spread across NORA national construction agenda intermediate goals?

Adequacy of External and Internal Advisory Committees: Are there existing external and internal advisory committees? Are there appropriate plans for organizing and convening an External Advisory group to advise the Construction Center leaders on the progress, and measuring the effectiveness and impact of the Center? Are there appropriate plans for an Internal Advisory Committee drawn from Construction Center staff to advise and assist the Construction Center leadership, and for execution and management of the Center's Research, Emerging Issues, and Tracking & Dissemination programs?

Does the plan adequately describe activities that will impact practitioners, construction environments, or other agencies and institutions that are involved with construction worker issues? Does the plan facilitate outreach and positioning for forging working relationships with businesses and workers? Are appropriate occupational safety and health constituents identified and engaged in the program? Are there letters of support and are the letters specific as to goals, activities, or desired outcomes?

Adequacy of Management of Pilot Projects: Are goals or priorities described adequately? Is the plan/guidance to conduct and manage pilot projects adequate? Does the guidance and/or pilot project adequately address NORA Construction Intermediate goals? <http://www.cdc.gov/niosh/nora/>. This includes the adequacy of procedures for scientific review of applications, ensuring human subject protection, project scoring-ranking-funding recommendation for NIOSH, and tracking of project performance. Do projects encourage external or multi-Center/Institution collaborative partnerships in pilots to address emerging issues and/or r2p in construction safety and health? Do projects encourage stimulating investigators from other fields of study (professional discipline/expertise) to apply their expertise to construction safety and health? Do projects identify 'intermediate or end users' for r2p pilots? Does the applicant describe compelling, current, and substantive reasons for the pilot project if other than for a NORA National Construction Agenda Intermediate goal? Is the Center's guidance/plan for announcing and scheduling pilot projects funding adequate? Are there adequate plans for retaining copies of all pilot project applications, documentation of merit reviews, project scoring and ranking, funding recommendation, performance monitoring, and upon completion a final report? Is there a mechanism for tracking the results or impact of each pilot project , i.e., by documenting publications and presentation abstracts, conference proceedings abstracts, subsequent related R01/R21 submission to a DHHS Agency, development of materials?

Review Criteria for Research Program (National Construction Agenda/NORA and National Academies 2008 Recommendations for NIOSH)

A.1 Hypotheses-driven Research

Significance: The proposal has significant and substantial merit including potential long term impact and transportability. Does this study address an important problem related to construction worker injury and/or illness prevention? If the aims of the project are achieved, how will scientific knowledge or applied knowledge/practices be advanced for the benefit of construction workers and/or employers? What will be the effect of these studies on construction safety and health? Are projects clearly supportive or address NORA Construction Intermediate goals or National Academies 2008 priority topics?

Approach: What is the potential of the project to get vital information to workers at worksites? How will the approach motivate and persuade contractors and workers to effectively use the intervention? Is the conceptual framework, design (including composition of study population), methods, and analyses adequately developed, well-integrated, and appropriate to the aims of the project? Does the applicant acknowledge potential problem areas and consider alternative approaches?

Do projects clearly address relevant topics such as certain health outcomes (injury or illness), leading mechanisms/causative factors for traumatic injury, and important influences on construction culture, management, and work organization?

Do research projects for NORA construction goals 8-15 address either organizational factors responsible for safety behaviors, or evaluate employer/management-led programs/initiatives to change and maintain safety behaviors by means of removing safety obstacles, constrains, and uncertainties? (e.g., time pressure, poor planning/design, lack of adequate tools and PPE, or long work hours).

Innovation: Is the project original and innovative in methodologies. For example, does the project challenge existing paradigms or scientific practice; address an innovative hypothesis, or address a critical barrier to progress e.g., select construction site or trade, assess a particular risk factor or mechanism. Does the project develop or employ novel concepts, new or under-studied worker populations, tools, or technologies in construction? Is there synergy or benefits of applying successful research methods from other industry sectors (e.g., mining, manufacturing) for the construction sector?

Investigators: Is the Principal Investigator of the research along with key personnel appropriately trained and knowledgeable to carry out this work (e.g., epidemiology, sampling design and sciences, statistical methods/modeling, computer-assisted research or data management)? Do key personnel have experience in applied or lab-based research for construction? Do the investigators have any applied research experience related to construction topics? Is the work proposed appropriate to the experience level of Principal Investigator and other researchers? Do the investigators have related publications or presentations demonstrating scientific and/or technical capabilities for successful completion?

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(s), or subject populations, or employ useful collaborative arrangements e.g., in-kind support, participation agreement with employers or unions, contract or MOU? Is there evidence of institutional support?

A.2 Research-to-Practice Projects (r2p)

Significance: The merit and potential impact of the proposed r2p at the national and regional levels as determined by content, originality, feasibility, hazard risk reduction, potential for success, generalizability or replicability of intervention, and appropriateness for populations served by the

Center. Does a proposal align with NORA Construction r2p goals? Does a proposal support diffusion-related research?

Approach: Is the project a collaborative process for the Construction Center and its partners (including NIOSH) that combines the generation of knowledge with the adoption/transfer of that knowledge to the workplace to reduce worker injury and illness?

Does the applicant acknowledge support for the National Academies endorsement for r2p initiatives for the construction sector? And for intensifying translation and transfer outputs for at-risk construction trades or occupations? Does the applicant address the importance of an overall r2p coordination for the Center, as appropriate?

The adequacy of the r2p content and design, the objectives, methods (including interaction of barrier factors, evidence, context and external validity, strategies across levels of influence), and target construction population? Is the plan specific, measurable, and relevant for a targeted construction trade or topic? Are mechanisms for establishing communication and active partnerships with local organizations, employers, educators/trainers, and community leaders adequately described? Is it clear as to how and why the proposal makes the critical link between research and workplace impact? Does the plan identify likely barriers to dissemination or transfer, any interaction of those barriers, multiple types of evidence (e.g., congruence and integration of different types of evidence), and baseline observations/evaluations when appropriate?

When appropriate, does the project encourage external or multiple institutional partnerships? Does the Construction Center plan engage other organizations for leveraging of resources including recipients of CDC NIOSH Education and Research Centers (ERCs) grants, Training Project Grants (TPGs) grants, and other public and private sector programs?

Innovation: Do r2p projects employ novel concepts, attributes, or methods? Are the aims original and innovative or supportive of NORA Intermediate goals? Do activities improve upon current methods for r2p practices (e.g., effective practical evaluations, address generalizability)? Do approaches include and/or improve upon current practices of workplace adoption through partnership development, prioritization of research, technology transfer, health communication, communication science, effectiveness of adoption strategies or evaluation (e.g. other sector successes), or prioritization of mechanisms that bring inventions and technology into the workplace e.g., bring inventions to market, transfer knowledge and products to employers, workers and policy makers. Does the plan include a construction observation/piloting effort to identify and address potential organizational or cultural factors or impediments of translational adoption?

Is the communication/dissemination science for the project's findings identified for adapting or refining research results (findings, technologies, or information) into informational products for target construction audience(s)?

Investigators: Qualifications, experience or publications of the investigator and/or key staff in areas relevant to the mission of the Construction Center and r2p. Do individuals with strong experience, training, and skills in r2p principles and practices have a key role? Does knowledge and training include research methods, technology transfer, psychology or human factors determinants, communication sciences, social marketing, behavioral or consumer sciences, or safety management science?

Environment: Availability of resources or expertise necessary to perform r2p objectives. Degree of commitment by the participating institution(s) as evidenced by provision of resources, services, training, and technical support. Is there evidence of institutional support for this provision?

Review Criteria for Emerging Issues in Construction Program

Significance: Does the overall program impact at the national and regional levels? Are proposed activities clear as to content, originality, feasibility, urgency, and potential for success? Are health or worker population disparities identified, when appropriate? Is recognition and importance of the emerging issue in construction clearly described? Is the relatedness and modifiable potential for construction sector safety and health explained?

Approach: Are the overall strategies and methodologies employed by the program adequate. Do they clearly define emerging areas or problems in construction safety and health? Is there a need to collect baseline (indicator) information about a particular emerging issue? Are target populations identified and how? Do they describe adequate plans, methods, and activities for reaching target populations? Do the investigators demonstrate knowledge of current prevention and intervention strategies and methodologies as it relates to an emerging issue? Are there plans for the distribution of results and products to stakeholders? Does the plan contain information about the translation, transfer and potential impact of the project results to other construction trades or sectors?

Are quantity and quality of projects sufficient? A Construction Center application should have at least 2 emerging issues projects. The idea or recommendation for emerging issues projects are cited or made clear as to the need e.g., brought forth by a workforce/labor, surveillance data, sentinel events, or other factors such as 'near misses.'

Developing, implementing, and evaluating employer/management-led programs/initiatives to change and maintain safety behaviors by means of removing safety obstacles, constraints, and uncertainties (e.g., time pressure, poor planning/design, lack of adequate tools and PPEs, or long work hours). Increasing organizational support and managerial skills (e.g., value workers' contributions or concern workers' well-beings), and establishing the norms that embrace and encourage open communications, feedback, and recognitions.

Innovation: Does the emerging issues program employ novel concepts, approaches, or methods? Are the aims original and innovative? Does the program challenge existing paradigms or develop new methodologies or practices or technologies in response to emerging issues in construction? Examples include young Hispanic construction workers, foreign-born day laborers, issues in exposure assessment or construction technology including complex exposure scenarios or data interpretation, surveillance of select health conditions (e.g., musculoskeletal), evaluation of penetration of effective interventions for increased adoption in other construction work sites, and issues in safety and health management programs in construction.

Investigators: Qualifications and experience of the investigator and staff in areas relevant to the mission of the Construction Center and for emerging issues in general. Individuals with strong related subject expertise or skills are expected to play key roles (e.g., epidemiological, social sciences, safety engineering and technology, psychological, organizational and educational, statistical, evaluation). Personnel should demonstrate knowledge of the surging issue or needs of the target audience (e.g., employers, workers, trade, equipment operator, and operation/work).

Environment: Availability of resources necessary to perform emerging issues program objectives. Strength of engagement or commitment by the participating institution(s) as evidenced by the provision of appropriate resources, services, technical support. Is there a demonstrated willingness to collaborate with other private or public institutions?

Review Criteria for Tracking and Dissemination Program

Significance: Emphasis is on the tracking of sector indicator information and data along with the capacity and tenacity to disseminate meaningful information to target audiences. Are impacts of surveillance, communications, and dissemination at the national and regional levels? Is importance of health and safety surveillance for the construction sector (and possibly specific trades) described adequately? Does the applicant acknowledge support for NORA Construction Intermediate goal 14.0? Improving Surveillances for Hazards and Outcomes? Are proposed surveillance and dissemination goals adequate? Do surveillance, communication, and dissemination goals have relatedness or integration with the other program areas (Admin Core; Research; Emerging Issues), when appropriate?

e.g., central repository of state-of-the-art information such as a data chart book, papers, r2p 'best practices', and r2p case studies or success stories.

Approach: Are the conceptual framework, design, methods, and analyses adequately developed, well integrated, well reasoned, and appropriate to the aims? Does the applicant propose to include or address NORA Construction Surveillance Intermediate goals (goal 14.0)? Does the applicant identify governmental and private sources of data? Will statistical reports, papers, and educational materials be generated? Does the applicant proposed to provide (and characterize) technical or educational consults for construction stakeholders upon request? Are at risk groups identified for surveillance efforts or publications? Materials and data are made available both in electronic and hard copy formats e.g., web site, publication/fact sheet, etc. Does the applicant understand the limitations and caveats for surveillance data sources and/or communication dissemination channels? Does the application provide a detailed plan (project design and methods) and a realistic schedule for accomplishing activities?

Innovation: Are innovative practices proposed to the extent possible? Do applicants propose use of new data sources or analyses or new statistical collaboration? Are uses of the data supportive of other programs or initiatives? Does the program employ state of the art concepts and approaches and/or propose new activities or methodologies to enhance surveillance/tracking, and information dissemination. Will surveillance be a key consideration for possible emerging issues research? Is there a willingness to have technical consultations with subject experts?

Investigators: Is the work proposed appropriate to the experience level of the principal investigator and to that of co-investigators? Are the investigators or staff appropriately trained and well suited to carry out this work? i.e., diffusion & communication sciences, social marketing, evaluation methods. Is the work proposed appropriate to the experience level of the program manager and other investigators? Does the investigative team bring complementary and integrated expertise to the project, when applicable? Are the qualifications and experience of investigators and staff adequate?

For surveillance/tracking, do these individuals have adequate expertise or skills (e.g., epidemiology, biostatistics, social sciences, mathematics, and communication science)? Does staff have relevant publications or presentations in health or risk surveillance? Does staff have relevant publications or presentations in dissemination/diffusion principles and practice? Does staff indicate willingness to collaborate with NIOSH personnel in surveillance and dissemination topics, when appropriate?

Environment: Does the scientific environment in which the applicant will do the work contribute to the probability of success? Do the proposed studies/surveillance benefit from unique features of the scientific environment, or worker populations, or employ useful collaborative arrangements? Is the environment

conducive to supporting professional continuing education to address expertise 'gaps'? Is there evidence of institutional support? Does the institution have resources, equipment, and software necessary to perform surveillance/tracking and dissemination?

2.A. Additional Review Criteria

In addition to the above criteria, the following items will be considered in the determination of scientific merit and the priority score:

Protection of Human Subjects from Research Risk: The involvement of human subjects and protections from research risk relating to their participation in the proposed research will be assessed. See the "Human Subjects Sections" of the PHS398 Research Plan.

Inclusion of Women, Minorities and Children in Research: The adequacy of plans to include subjects from both genders, all racial and ethnic groups (and subgroups), and children as appropriate for the scientific goals of the research will be assessed. Plans for the recruitment and retention of subjects will also be evaluated. See the "Human Subjects Sections" of the PHS398 Research Plan component.

Care and Use of Vertebrate Animals in Research: If applicants plan to use vertebrate animals in the project, HHS/CDC will assess the five items described in the Vertebrate Animals of the Research Plan component. Additional HHS/CDC Requirements under AR-3 Animal Subjects Requirements are available on the Internet at the following address: <http://www.cdc.gov/od/pgo/funding/ARs.htm>.

Biohazards: If applicants propose the applicant has proposed materials or procedures that are potentially hazardous to research personnel and/or the environment, determine if the proposed protection is adequate.

2.B. Additional Review Considerations

Budget and Period of Support: The reasonableness of the proposed budget and the appropriateness of the requested period of support in relation to the proposed research may be assessed by the reviewers. The evaluation of the budget should not affect the priority score.

An application should include a budget for the entire 5-year proposed period of Support for the entire Construction Center, and a detailed budget for the Administrative Core (Leadership, Administrative, Management, and Planning) for the initial budget period and for the 5-year period.

For a renewal application, the relevance and impact of completed research along with the synergy of Center activities for protecting construction worker health and safety should be highlighted.

2.C. Sharing Research Data

Data Sharing Plan: The reasonableness of the data sharing plan may be assessed by the reviewers. However, reviewers will not factor the proposed data sharing plan into the determination of scientific merit or the priority score. The funding organization will be responsible for monitoring the data sharing policy.

2.D. Sharing Research Resources

HHS policy requires that recipients of grant awards make unique research resources readily available for research purposes to qualified individuals within the scientific community after publication. Please see <http://grants.nih.gov/grants/policy/gps/8postnew.htm#phs>. Investigators responding to this funding opportunity should include a plan addressing how unique research resources will be shared or explain why sharing is not possible.

Program staff will be responsible for the administrative review of the plan for sharing research resources.

The adequacy of the resources sharing plan will be considered by Program staff of the funding organization when making recommendations about funding applications. The effectiveness of the resource sharing will be evaluated as part of the administrative review of each non-competing Grant Progress Report (HHS/PHS 2590 <http://grants.nih.gov/grants/funding/2590/2590.htm>). See [Section VI.3. Reporting](#).

3. Anticipated Announcement and Award Dates

Not applicable.

Section VI. Award Administration Information

1. Award Notices

After the peer review of the application is completed, the CD/PI will be able to access the Summary Statement via the eRA Commons.

CDC/NIOSH will contact all applicants being considered for funding to request "just-in-time" information from the applicant. For details, applicants may refer to the [NIH Grants Policy Statement Part II: Terms and Conditions of NIH Grant Awards, Subpart A: General](#).

Formal notification will be provided in the form of a Notice of Award (NoA) to the applicant organization. The NoA signed by the Grants Management Officer (GMO) is the authorizing document for the award. CDC/NIOSH will mail and/or e-mail this document to the recipient fiscal officer identified in the application.

Selection of the application for award is not an authorization to begin performance. Preaward costs are not allowed. See also [Section IV.5](#). Funding Restrictions.

2. Administrative and National Policy Requirements

The Code of Federal Regulations 45 CFR Part 74 and Part 92 have details about requirements. For more information on the Code of Federal Regulations, see the National Archives and Records Administration at the following Internet address: <http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>. Additional requirements are available [Section VIII](#). Other Information of this document or on the HHS/CDC website at the following Internet address: <http://www.cdc.gov/od/pgo/funding/ARs.htm>. These will be incorporated into the NoA by reference.

The following terms and conditions will be incorporated into the NoA and will be provided to the appropriate institutional official and a courtesy copy to the CD/PI at the time of award.

2.A. Cooperative Agreement

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

The administrative and funding instrument used for this program will be the cooperative agreement U60

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

2. A.1. Recipient Rights and Responsibilities

The recipient will have the primary responsibility of all management, administrative and scientific aspects of the Construction Center. The grantee is strongly encouraged to review the HHS grant policy statement, for aid with post award administration, at <http://www.hhs.gov/grantsnet/adminis/gpd/index.htm> Recipient Organization will retain custody of and have primary rights to the information, data and software developed under this award, subject to U.S. Government rights of access consistent with current HHS/CDC policies.

The recipient will coordinate project activities, technically, scientifically, and administratively at the awarded institution and at other sites that may be supported by sub-contracts to this award. The applicant will have primary authority and responsibility to define objectives and approaches; administer a pilot projects program; collect and analyze indicator data; and to publish results, interpretations, and conclusions of studies along with r2p and their outputs conducted under the terms and conditions of the program project award. The recipient will have responsibilities for:

Data Coordination and Management and Sharing

The awardees will have primary rights to all data developed under these awards, subject to Government rights of access consistent with HHS policies.

Publication and Presentation of Study Findings

Early publication of major findings is encouraged. Publications and oral presentations of work performed under this agreement shall acknowledge NIOSH-funded support per the DHHS Grants Policy Statement. Establish and enhance a national Construction Center for programs, research including scientific integrity, and information which have been shown to be effective in preventing construction worker injuries, illnesses or fatalities;

Establish and maintain contacts with organizations, groups, and individuals which supply construction worker injury prevention information and data for use in targeting prevention efforts and prioritizing program needs;

Facilitate awareness and utilization of the Construction Center through appropriate activities, including but not limited to involving minority-serving groups, community- or worker-based organizations, and other relevant organizations;

Coordinate and collaborate with established and ongoing health communication efforts and other relevant organizations as appropriate e.g., OSHA, NIOSH, other safety alliances;

Organize and manage multi-perspective work groups which use consensus-building processes to arrive at recommendations for the protection of construction workers;

Inform and facilitate the involvement of the private sector in construction worker injury prevention activities;

Collaborate with public and private sector agencies, community-based organizations, researchers, and other groups who can enact change through prevention efforts and activities;

Conduct pilot and exploratory (hypothesis-driven) research and r2p projects into the causes and prevention of construction worker injuries, illnesses, or fatalities.

Establish and maintain Health & Safety Surveillance and Information Program.

2. A.2. HHS/CDC Responsibilities

NIOSH Scientific Program Officer

One representative from NIOSH Office of Extramural Programs will be designated to serve as the Scientific Program Officer for this cooperative agreement. The Scientific Program Officer will have substantial scientific/programmatic involvement during the conduct of this activity through technical assistance, review of aims for pilot and research projects, approval for added subprojects that have undergone NIOSH meritorious review, approval of progress report, approval of pilot study guidance/plan and human subjects protection, approval of annual summary report, advice and coordination above and beyond normal program stewardship for grants, as described below.

- Carry out all responsibilities of the NIOSH Scientific Program Officer including administrative, scientific and technical related duties e.g., grant cycle or funding information, programmatic approvals and recommendations, consultation or technical assistance pertaining to administration requirement of award, approve pilot projects funding recommendations and related human subjects protection documentation, monitor performance of the recipient, process Just-In-Time (JIT) information for research projects, approve research (final) reports before release and distribution, communicate guidance and policy, facilitate budget recommendations, program/site visit, dissemination grantee information such as the Annual Report and research reports.

- Periodically attend Construction Center's Board of Advisors meeting (non voting member) and Pilot/small Studies Program e.g. scientific review and award-making.
- Communicate NIOSH Office of Extramural Programs funded activities and outputs with the NIOSH Construction Coordinator and NIOSH Construction Steering Committee
- Provide guidance or information for addressing recipient inquiries
- Provide scientific collaboration, upon request
- Participate in Construction Center-NIOSH Principals' Meeting

NIOSH Construction Coordinator

Responsibilities of the NIOSH Construction Coordinator for this FOA

- Provide information to grantee regarding solicitation/submission of features or updates for the NORA Construction Sector Newsletter. Provide information about NIOSH construction-related research projects
- Serve as a subject matter expert for the NORA National Construction Research agenda including implementation/action plan, and for construction safety and health
- Scientific collaboration, upon request
- Upon invitation by Center, attend meetings and workshops
- Provide input to NIOSH Office of Extramural Programs, upon request, regarding:
 - study aims for research projects
 - Center's annual progress and accomplishments e.g., partnership development and leadership, NORA goals related
 - Agenda and meeting summary for Construction Center 'Principals' Meeting
 - NIOSH SRC meetings regarding the Center's R01-scored research projects e.g., programmatic and/or NORA relevance, emerging issues
 - Identification of construction safety and health subject matter expertise e.g., NIOSH peer reviewers, consultants

The NIOSH Construction Coordinator will be named in the Notice of Grant Award and will coordinate their activities with the NIOSH Scientific Program Officer.

2.A.5. Arbitration Process

Any disagreements that may arise in scientific or programmatic matters (within the scope of the award) between award recipients and HHS/CDC/NIOSH may be brought to arbitration. An Arbitration Panel composed of three members will be convened. The three members are: a designee of the Center's External Advisory Board chosen without NIOSH staff voting, one NIOSH designee, and a third designee with expertise in the relevant area who is chosen by the other two; in the case of individual

disagreement, the first member may be chosen by the individual awardee. This special arbitration procedure in no way affects the awardee's right to appeal an adverse action that is otherwise appealable in accordance with PHS regulations 42 CFR Part 50, Subpart D and HHS regulations 45 CFR Part 16.

3. Reporting

Recipient Organization must provide HHS/CDC with an original, plus two hard copies of the following reports:

1. Non-Competing Grant Progress Report, (use form PHS 2590, posted on the HHS/CDC website, <http://www.cdc.gov/od/pgo/funding/forms.htm> and at <http://grants.nih.gov/grants/funding/2590/2590.htm>, no less than 120 days prior to the end of the current budget period. The progress report will serve as the non-competing continuation application. NIOSH expects to receive a cumulative Human Subjects Protection summary table that lists all projects or research involving human subjects and contains the following minimum information fields: project title, performance sites, IRB approval and expiration date(s), number of actual subjects (listed by adults and children/teens), and project status e.g., active or completed.

As part of the noncompeting continuation (Type 5) progress report, recipient will include a listing and abstract for each research proposal submitted to Grants.gov for the past 12 months. Also, provide a summary matrix of active and completed research projects as described previously in [Special Requirements section](#).

2. Annual Report (Center-level accomplishments, outcomes, impacts) in a suitable summary format for public distribution (e.g. NIOSH website) submitted to NIOSH/OEP Program Officer on or about Oct 1st for years 1 through 5. This report may contain information regarding capacity building, partnership development in the U.S. and internationally, and influential materials distributed or presented. Additionally, the Center will summarize the number of pilot studies, the percentage of pilots that led to full research projects and/or r2p products, and highlight outputs or impacts of the research program. NIOSH intends to upload this report, as submitted, to the NIOSH OEP webpage for public consumption. This report should not contain appendices nor be an update of the grant progress report. A PDF type file is recommended.

3. Financial status report, no more than 90 days after the end of the budget period.

4. Final financial and performance reports, no more than 90 days after the end of the project period.

5. [Final Invention Statement and Certification Form](#)

6. Summary Report for Construction Center “Principals” meeting (due 30 days after the meeting is held)
7. Publications/reports addressing construction morbidity and mortality or other indicators
8. Matrix of sub project status and information e.g., IRB renewal date, key stakeholder groups

Recipient Organization must forward hard- and electronic copies of these reports by the U.S. Postal Service or express delivery to the Grants Management Specialist listed in the “Agency Contacts” section of this FOA.

Although the financial plans of NIOSH 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.

Section VII. Agency Contacts

HHS/CDC encourages your inquiries concerning this FOA and welcomes the opportunity to answer questions from potential applicants. Inquiries can fall into three areas: scientific/research, peer review, and financial or grants management issues:

1. Scientific/Research Contact:

Steven Inserra, MPH, REHS
Captain, US Public Health Service

Office of Extramural Programs
National Institute for Occupational Safety and Health
Centers for Disease Control and Prevention
1600 Clifton Road NE, MS E74
Atlanta, GA 30329-4018 USA
(404) 498-2530
fax 404/498-2571
Email: SInserra@cdc.gov and copy OEPCorrespond@cdc.gov

Overnight Mail Address:

2400 Century Parkway NE (4th Floor) Room 4209
Atlanta GA 30345-3114

2. Peer Review Contact:

George Bockosh, MS
Office of Extramural Programs
National Institute for Occupational Safety and Health
Centers for Disease Control and Prevention
1600 Clifton Road NE, MS E-74
Atlanta, GA 30329-4018
(412) 833-0874
fax 404/498-2571

Email: GBockosh@cdc.gov

3. Financial or Grants Management Contact:

Peter Grandillo Jr.
Acquisition and Assistance Field Branch
Centers for Disease Control and Prevention
626 Cochran's Mill Road
Pittsburgh, PA 15236-0070
(412) 386-6834
fax (412) 386- 6429

Email: pgrandillo@cdc.gov

4. Grant.gov/eRA Commons Questions Contact:

Technical Information Management Section
CDC Procurement and Grants Office
U.S. Department of Health and Human Services
2920 Brandywine Road
Atlanta, GA 30341
Telephone: 770-488-2700
Email: PGOTIM@cdc.gov

Section VIII. Other Information

Required Federal Citations

Human Subjects Protection

Federal regulations (45 CFR Part 46) require that applications and projects involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained (<http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.htm>). Additional HHS/CDC Requirements under AR-1 Human Subjects Requirements can be found on the Internet at the following address: <http://www.cdc.gov/od/pgo/funding/ARs.htm>.

Use of Animals in Research

Recipients of PHS support for activities involving live, vertebrate animals must comply with the PHS Policy on Humane Care and Use of Laboratory Animals (<http://grants.nih.gov/grants/olaw/references/PHSPolicyLabAnimals.pdf>) as mandated by the Health Research Extension Act of 1985 (<http://grants.nih.gov/grants/olaw/references/hrea1985.htm>), and the USDA Animal Welfare Regulations (<http://www.nal.usda.gov/awic/legislat/usdaleg1.htm>) as applicable. Additional HHS/CDC Requirements under AR-3 Animal Subjects Requirements can be found at <http://www.cdc.gov/od/pgo/funding/ARs.htm>.

Requirements for Inclusion of Women and Racial and Ethnic Minorities in Research

It is the policy of the Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR) to ensure that individuals of both sexes and the various racial and ethnic groups will be included in CDC/ATSDR-supported research projects involving human subjects, whenever feasible and appropriate. Racial and ethnic groups are those defined in OMB Directive No. 15 and include American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander. Applicants shall ensure that women, racial and ethnic minority populations are appropriately represented in applications for research involving human subjects. Where clear and compelling rationale exist that inclusion is inappropriate or not feasible, this situation must be explained as part of the application. This policy does not apply to research studies when the investigator cannot control the race, ethnicity, and/or sex of subjects. Further guidance to this policy is contained in the Federal Register, Vol. 60, No. 179, pages 47947-47951, and dated Friday, September 15, 1995.

Inclusion of Persons Under the Age of 21 in Research

The policy of CDC is that persons under the age of 21 must be included in all human subjects research

that is conducted or supported by CDC, unless there are scientific and ethical reasons not to include them. This policy applies to all CDC-conducted or CDC-supported research involving human subjects, including research that is otherwise exempt in accordance with Sections 101(b) and 401(b) of [45 C.F.R. Part 46, HHS Policy for the Protection of Human Subjects](#). Therefore, projects for research involving human subjects must include a description of plans for including persons under the age of 21. If persons under the age of 21 will be excluded from the research, the application or proposal must present an acceptable justification for the exclusion.

In an extramural research plan, the investigator should create a section titled "Participation of persons under the age of 21." This section should provide either a description of the plans to include persons under the age of 21 and a rationale for selecting or excluding a specific age range, or an explanation of the reason(s) for excluding persons under the age of 21 as participants in the research. When persons under the age of 21 are included, the plan must also include a description of the expertise of the investigative team for dealing with individuals at the ages included, the appropriateness of the available facilities to accommodate the included age groups, and the inclusion of a sufficient number of persons under the age of 21 to contribute to a meaningful analysis relative to the purpose of the study. Scientific review groups at CDC will assess each application as being acceptable or unacceptable in regard to the age-appropriate inclusion or exclusion of persons under the age of 21 in the research project, in addition to evaluating the plans for conducting the research in accordance with these provisions.

The inclusion of children (as defined by the applicable law of the jurisdiction in which the research will be conducted) as subjects in research must be in compliance with all applicable subparts of [45 C.F.R. Part 46](#), as well as with other pertinent federal laws and regulations.

The policy of inclusion of persons under the age of 21 in CDC-conducted or CDC-supported research activities in foreign countries (including collaborative activities) is the same as that for research conducted in the United States.

HIV/AIDS Confidentiality Provisions

Recipients must have confidentiality and security provisions to protect data collected through HIV/AIDS surveillance, including copies of local data release policies; employee training in confidentiality provisions; State laws, rules, or regulations pertain to the protection or release of surveillance information; and physical security of hard copies and electronic files containing confidential surveillance information.

Describe laws, rules, regulations, or health department policies that require or permit the release of patient-identifying information collected under the HIV/AIDS surveillance system to entities outside the

public health department; describe also the measures the health department has taken to ensure that persons reported to the surveillance system are protected from further or unlawful disclosure.

Some projects may require Institutional Review Board (IRB) approval or a certificate of confidentiality.

HIV Program Review Panel Requirements

Compliance with Content of AIDS-Related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions (June 1992) is required.

To meet the requirements for a program review panel, you are encouraged to use an existing program review panel, such as the one created by the State health department's HIV/AIDS prevention program. If you form your own program review panel, at least one member must be an employee (or a designated representative) of a State or local health department. List the names of the review panel members on the Assurance of Compliance form, CDC 0.1113. Submit the program review panel's report that all materials have been approved.

If the proposed project involves hosting a conference, submit the program review panel's report stating that all materials, including the proposed conference agenda, have been approved. Submit a copy of the proposed agenda with the application.

Before funds are used to develop educational materials, determine whether suitable materials already exist in the CDC National Prevention Information Network (NPIN).

Paperwork Reduction Act Requirements

Under the Paperwork Reduction Act, projects that involve the collection of information from 10 or more individuals and funded by a grant or a cooperative agreement will be subject to review and approval by the Office of Management and Budget (OMB).

Smoke-Free Workplace Requirements

HHS/CDC strongly encourages all recipients to provide a smoke-free workplace and to promote abstinence from all tobacco products. Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities that receive Federal funds in which education, library, day care, health care, or early childhood development services are provided to children.

Healthy People 2010

The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of "Healthy People 2010," a PHS-led national activity for setting priority areas. This FOA is related to the chapter entitled Occupational Safety and Health.. Potential applicants may obtain a copy of "Healthy People 2010" at www.healthypeople.gov

Lobbying Restrictions

Applicants should be aware of restrictions on the use of HHS funds for lobbying of Federal or State legislative bodies. Under the provisions of 31 U.S.C. Section 1352, recipients (and their sub-tier contractors) are prohibited from using appropriated Federal funds (other than profits from a Federal contract) for lobbying congress or any Federal agency in connection with the award of a particular contract, grant, cooperative agreement, or loan. This includes grants/cooperative agreements that, in whole or in part, involve conferences for which Federal funds cannot be used directly or indirectly to encourage participants to lobby or to instruct participants on how to lobby.

In addition no part of HHS/CDC appropriated funds, shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, radio, television, or video presentation designed to support or defeat legislation pending before the Congress or any State or local legislature, except in presentation to the Congress or any State or local legislature itself. No part of the appropriated funds shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence legislation or appropriations pending before the Congress or any State or local legislature.

Any activity designed to influence action in regard to a particular piece of pending legislation would be considered "lobbying." That is lobbying for or against pending legislation, as well as indirect or "grass roots" lobbying efforts by award recipients that are directed at inducing members of the public to contact their elected representatives at the Federal or State levels to urge support of, or opposition to, pending legislative projects is prohibited. As a matter of policy, HHS/CDC extends the prohibitions to lobbying with respect to local legislation and local legislative bodies.

The provisions are not intended to prohibit all interaction with the legislative branch, or to prohibit educational efforts pertaining to public health. Clearly there are circumstances when it is advisable and permissible to provide information to the legislative branch in order to foster implementation of prevention strategies to promote public health. However, it would not be permissible to influence, directly or indirectly, a specific piece of pending legislation

It remains permissible to use HHS/CDC funds to engage in activity to enhance prevention; collect and analyze data; publish and disseminate results of research and surveillance data; implement prevention

strategies; conduct community outreach services; provide leadership and training, and foster safe and healthful environments.

Recipients of HHS/CDC grants and cooperative agreements need to be careful to prevent CDC funds from being used to influence or promote pending legislation. With respect to conferences, public events, publications, and "grassroots" activities that relate to specific legislation, recipients of HHS/CDC funds should give close attention to isolating and separating the appropriate use of HHS/CDC funds from non-CDC funds. HHS/CDC also cautions recipients of HHS/CDC funds to be careful not to give the appearance that HHS/CDC funds are being used to carry out activities in a manner that is prohibited under Federal law.

Prohibition on Use of HHS/CDC Funds for Certain Gun Control Activities

The Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act specifies that: "None of the funds made available for injury prevention and control at the Centers for Disease Control and Prevention may be used to advocate or promote gun control."

Anti-Lobbying Act requirements prohibit lobbying Congress with appropriated Federal monies. Specifically, this Act prohibits the use of Federal funds for direct or indirect communications intended or designed to influence a member of Congress with regard to specific Federal legislation. This prohibition includes the funding and assistance of public grassroots campaigns intended or designed to influence members of Congress with regard to specific legislation or appropriation by Congress.

In addition to the restrictions in the Anti-Lobbying Act, HHS/CDC interprets the language in the HHS/CDC's Appropriations Act to mean that HHS/CDC's funds may not be spent on political action or other activities designed to affect the passage of specific Federal, State, or local legislation intended to restrict or control the purchase or use of firearms.

Accounting System Requirements

The services of a certified public accountant licensed by the State Board of Accountancy or the equivalent must be retained throughout the project as a part of the recipient's staff or as a consultant to the recipient's accounting personnel. These services may include the design, implementation, and maintenance of an accounting system that will record receipts and expenditures of Federal funds in accordance with accounting principles, Federal regulations, and terms of the cooperative agreement or grant.

Capability Assessment

It may be necessary to conduct an on-site evaluation of some applicant organization's financial management capabilities prior to or immediately following the award of the grant or cooperative agreement. Independent audit statements from a Certified Public Accountant (CPA) for the preceding two fiscal years may also be required.

Proof of Non-profit Status

Proof of nonprofit status must be submitted by private nonprofit organizations with the application. Any of the following is acceptable evidence of nonprofit status: (a) a reference to the applicant organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code; (b) a copy of a currently valid IRS tax exemption certificate; (c) a statement from a State taxing body, State Attorney General, or other appropriate State Official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals; (d) a certified copy of the organization's certificate of incorporation or similar document that clearly establishes nonprofit status; (e) any of the above proof for a State or national parent organization and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

Small, Minority, And Women-owned Business

It is a national policy to place a fair share of purchases with small, minority and women-owned business firms. The Department of Health and Human Services is strongly committed to the objective of this policy and encourages all recipients of its grants and cooperative agreements to take affirmative steps to ensure such fairness. In particular, recipients should:

1. Place small, minority, women-owned business firms on bidders mailing lists.
2. Solicit these firms whenever they are potential sources of supplies, equipment, construction, or services.
3. Where feasible, divide total requirements into smaller needs, and set delivery schedules that will encourage participation by these firms.
4. Use the assistance of the Minority Business Development Agency of the Department of Commerce, the Office of Small and Disadvantaged Business Utilization, DHHS, and similar state and local offices.

Research Integrity

The signature of the institution official on the face page of the application submitted under this Funding Opportunity Announcement is certifying compliance with the Department of Health and Human Services (DHHS) regulations in Title 42 Part 93, Subparts A-E, entitled PUBLIC HEALTH SERVICE POLICIES ON RESEARCH MISCONDUCT.

The regulation places requirements on institutions receiving or applying for funds under the PHS Act that are monitored by the DHHS Office of Research Integrity (ORI) (<http://ori.hhs.gov/policies/statutes.shtml>).

For example:

Section 93.301 Institutional assurances. (a) General policy. An institution with PHS supported biomedical or behavioral research, research training or activities related to that research or research training must provide PHS with an assurance of compliance with this part, satisfactory to the Secretary. PHS funding components may authorize [[Page 28389]] funds for biomedical and behavioral research, research training, or activities related to that research or research training only to institutions that have approved assurances and required renewals on file with ORI. (b) Institutional Assurance. The responsible institutional official must assure on behalf of the institution that the institution-- (1) Has written policies and procedures in compliance with this part for inquiring into and investigating allegations of research misconduct; and (2) Complies with its own policies and procedures and the requirements of this part.

Compliance with Executive Order 13279

Faith-based organization are eligible to receive federal financial assistance, and their applications are evaluated in the same manner and using the same criteria as those for non-faith-based organizations in accordance with Executive Order 13279, Equal Protection of the Laws for Faith-Based and Community Organizations. All applicants should, however, be aware of restrictions on the use of direct financial assistance from the Department of Health and Human Services (DHHS) for inherently religious activities. Under the provisions of Title 45, Parts 74, 87, 92 and 96, organizations that receive direct financial assistance from DHHS under any DHHS program may not engage in inherently religious activities, such as worship, religious instruction, or proselytization as a part of the programs or services funded with direct financial assistance from DHHS. If an organization engages in such activities, it must offer them separately, in time or location, from the programs or services funded with direct DHHS assistance, and participation must be voluntary for the beneficiaries of the programs or services funded with such assistance. A religious organization that participates in the DHHS funded programs or services will retain its independence from Federal, State, and local governments, and may continue to carry out its mission, including the definition, practice, and expression of its religious beliefs, provided that it does not use direct financial assistance from DHHS to support inherently religious activities such

as those activities described above. A faith-based organization may, however, use space in its facilities to provide programs or services funded with financial assistance from DHHS without removing religious art, icons, scriptures, or other religious symbols. In addition, a religious organization that receives financial assistance from DHHS retains its authority over its internal governance, and it may retain religious terms in its organization's name, select its board members on a religious basis, and include religious references in its organization's mission statements and other governing documents in accordance with all program requirements, statutes, and other applicable requirements governing the conduct of DHHS funded activities. For further guidance on the use of DHHS direct financial assistance see Title 45, Code of Federal Regulations, Part 87, Equal Treatment for Faith-Based Organizations, and visit the internet site: <http://www.whitehouse.gov/government/fbci/>

Health Insurance Portability and Accountability Act Requirements

Recipients of this grant award should note that pursuant to the Standards for Privacy of Individually Identifiable Health Information promulgated under the Health Insurance Portability and Accountability Act (HIPAA) (45 CFR Parts 160 and 164) covered entities may disclose protected health information to public health authorities authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, including, but not limited to, the reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions. The definition of a public health authority includes a person or entity acting under a grant of authority from or contract with such public agency. HHS/CDC considers this project a public health activity consistent with the Standards for Privacy of Individually Identifiable Health Information and HHS/CDC will provide successful recipients a specific grant of public health authority for the purposes of this project.

Release and Sharing of Data

The Data Release Plan is the Grantee's assurance that the dissemination of any and all data collected under the HHS/CDC data sharing agreement will be released as follows:

- a. In a timely manner.
- b. Completely, and as accurately as possible.
- c. To facilitate the broader community.
- d. Developed in accordance with CDC policy on Releasing and Sharing Data.

April 16, 2003, <http://www.cdc.gov/od/foia/policies/sharing.htm>, and in full compliance with the 1996 Health Insurance Portability and Accountability Act (HIPPA), (where applicable), The Office of

Management and Budget Circular A110, (2000) revised 2003, <http://www.whitehouse.gov/omb/circulars/a110/a110.html> and Freedom of Information Act (FOIA) <http://www.hhs.gov/foia/>.

Applications must include a copy of the applicant's Data Release Plan. Applicants should provide HHS/CDC with appropriate documentation on the reliability of the data. Applications submitted without the required Plan may be ineligible for award. Award will be made when reviewing officials have approved an acceptable Plan. The successful applicant and the Program Manager will determine the documentation format. HHS/CDC recommends data is released in the form closest to micro data and one that will preserve confidentiality.

National Historic Preservation Act of 1966

The grantee's signature on the grant application attests to their: (1) knowledge of the National Historic Preservation Act of 1966 (Public Law 89-665, 80 Stat. 915); and (2) intent to ensure all grant related activities are in compliance with referenced public law, as stated:

a. [Section 106 of the National Historic Preservation Act \(NHPA\) states:](#)

The head of any Federal agency, having direct or indirect jurisdiction over a proposed Federal or Federally assisted undertaking in any State and the head of any Federal department or independent state agency having authority to license any undertaking, shall, prior to the approval of the expenditure of any Federal funds on the undertaking or prior to the issuance of any license, as the case may be, take into account the effect of the undertaking on any district, site, building, structure, or object that is included in or is eligible for inclusion in the National Register. The head of any such Federal agency shall afford the Advisory Council on Historic Preservation established under Title II of this ACT a reasonable opportunity to comment with regard to such undertaking.

b. Additionally, the NHPA also contains the following excerpt that forbids "anticipatory demolition:"

Each Federal agency shall ensure that the agency will not grant a loan, loan guarantee, permit, license, or other assistance to an applicant who, with intent to avoid the requirements of Section 106 of this Act, has intentionally, significantly, adversely affected a historic property to which the grant would relate or, having legal power to prevent it, allowed such significant adverse effect to occur, unless the agency, after consultation with the Council, determines that circumstances justify granting such assistance despite the adverse effect created or permitted by the applicant.

Conference Disclaimer and Use of Logos

Disclaimer: Where a conference is funded by a grant or cooperative agreement, a sub grant or a contract the recipient must include the following statement on conference materials, including promotional materials, agenda, and internet sites:

“Funding for this conference was made possible [in part] by [insert grant or cooperative agreement award number] from the Centers for Disease Control and Prevention (CDC) or the Agency for Toxic Substances and Disease Registry (ATSDR). The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.”

Logos: Neither the HHS nor the CDC (“CDC” includes ATSDR) logo may be displayed if such display would cause confusion as to the source of the conference or give the false appearance of Government endorsement. A non-federal entity’s unauthorized use of the HHS name or logo is governed by U.S.C. § 1320b-10, which prohibits the misuse of the HHS name and emblem in written communication. The appropriate use of the HHS logo is subject to the review and approval of the Office of the Assistant Secretary for Public Affairs (OASPA). Moreover, the Office of the Inspector General has authority to impose civil monetary penalties for violations (42 C.F.R. Part 1003). Neither the HHS nor the CDC logo can be used on conference materials under a grant, cooperative agreement, contract or co-sponsorship agreement without the expressed, written consent of either the Project Officer or the Grants Management Officer. It is the responsibility of the grantee (or recipient of funds under a cooperative agreement) to request consent for the use of the logo in sufficient detail to assure a complete depiction and disclosure of all uses of the Government logos, and to assure that in all cases of the use of Government logos, the written consent of either the Project Officer or the Grants Management Officer has been received.