For applicants who will be submitting proposals by the August 6, 2005 receipt date for the second year of this program, this notice is to indicate that NIOSH will place special emphasis on funding Expanded Programs that include the work-related injury fatality priority health condition. This notice also serves to inform potential applicants that NIOSH will be holding a conference call to provide guidance and answer questions about this Surveillance Program. The Program Director is Ms. Susan Board who can be reached at 404-498-2512 or SBoard@cdc.gov. This notice does not replace the PHS 398 instructions, and it does not include all of the information needed by an applicant to complete the PHS 398 application. The earliest start date for awards is May 1, 2006.

On June 7, 2005 from 1:30 to 4:30 EDT there will be a call-in conference for State investigators or their bona-fide agents. The call will include a brief presentation on the announcement (PAR04-106). This will be followed by an overview of the enhanced programs—including the State Priority Health Condition work-related injury fatalities. Conference call phone number: 888-495-9739, Passcode: 56925, Leader Name: Ms. Susan Board.

For those who are unable to participate in the June 7 conference call, a second call has been scheduled for June 21, 2005. The call will be held from 1:30 to 4:00 EDT. The call in number is: 800-619-7394, Passcode: 68948, Leader Name: Ms. Susan Board.

A. Types of Awards:
The State-Based Surveillance Program has two types of Programs: Fundamental and Expanded. An Expanded Program includes all aspects of a Fundamental Program plus one or more state priority health conditions.

B. Fundamental Program
The Fundamental Program is intended to provide state agencies the resources to initiate or continue activities for a state-based surveillance for occupational injuries, diseases and hazards. CSTE and NIOSH have identified 13 occupational health indicators that comprise the Fundamental Program. These surveillance indicators allow a state to compare its health or risk status with that of other states and evaluate trends over time within the state, and guide priorities for prevention and intervention efforts. (Additional information about the Fundamental health indicators can be found at http://www.cste.org/ under the occupational health indicators.) If all 13 are not reasonably available in your state, please provide this information and describe your plans on how you will/can not address the missing occupational health indicators. The maximum program period for a Fundamental award is three years. There are no supplemental instructions for this type of application.

C. Expanded Program
The Expanded Program includes the Fundamental Program activities and expands the state’s program to include focused surveillance effort(s) on a State Priority Health Condition(s). Another feature of the Expanded Program is the identification of opportunities for intervention and prevention. Applicants should be aware that NIOSH has the option of funding an Expanded Program application as a Fundamental Program if the project merit for the state priority health conditions is not sufficient for funding but the Fundamental Program component is highly meritorious. The currently funded state priority health conditions include but are not limited to pesticide illness and injury, asthma, silicosis and dermatitis. For the next receipt date, NIOSH has identified work-related injury fatalities as a priority health condition although others may be proposed.
For the August 6, 2005 receipt date, NIOSH has a special interest in the State Priority Health Condition work-related injury fatalities for which NIOSH has a long-time interest. This area has been referred to as the Fatality Assessment and Control Evaluation (FACE) program and is now a part of this program. The maximum award for this priority health condition is $150,000 in direct costs. If higher amounts are necessary for this program, the applicant should call Ms. Board. Former and new states of the work-related injury fatality priority area (FACE) are encouraged to apply to the annual August 6 receipt date. Expanded programs in work-related fatal injury assessment will follow the FACE model. For detailed information on the FACE program please refer to Section II: Specific Objectives, Requirements and Responsibilities. Found in: http://grants.nih.gov/grants/guide/rfa-files/RFA-CC-02-012.html. Other helpful information: http://www.cdc.gov/niosh/face/

States interested in applying for the work-related fatal injury priority health condition must submit an Expanded Program application which must contain all aspects of a Fundamental Program besides the expanded component. Applicants should also include funds for 2 personnel to attend an annual 3-day meeting on the work-related fatality injury priority health condition. The maximum program period for an Expanded award is five years.

D. Competitive Supplement
Recipients of Surveillance awards in fiscal year 2005 are eligible to apply for a competitive supplement. However, a supplemental application may not extend beyond the term of the current award period. If the applicant has a three-year Fundamental Program from FY05, the applicant can apply for a two-year supplement for any expanded priority health conditions. If the applicant has a five-year Expanded Program, the applicant can apply for a four-year supplemental award.

OUTLINE FOR AN EXPANDED PROGRAM APPLICATION
In order to facilitate the preparation and review of the Expanded Program application, the following Outline should be used. It is a minor modification of the PHS 398 table of contents which should be followed as a guide. NOTE: The name in the upper right of each page should be the principal investigator listed on the face page (page one).
Face Page
Expanded Program Description, Performance Sites, and Personnel (use additional continuation pages as needed)
Table of Contents
Detailed Budget for the Initial Budget Period for the Entire Program
Detailed Budget for the Initial Budget Period for the Fundamental Program
Detailed Budget for the Initial Budget Period for the Priority Health Condition A
Detailed Budget for the Initial Budget Period for the Priority Health Condition B
(use as many as needed for your project)
Budget for the Entire Proposed Period of Support for the Entire Program
Budget for Entire Proposed Project Period Budget Period for the Fundamental Program
Detailed Budget for the Initial Budget Period for the Priority Health Condition A
Detailed Budget for the Initial Budget Period for the Priority Health Condition B
Detailed Budget for each Project (Fundamental and Health Conditions) for the Initial Budget Period
Budget for the Entire Proposed Period for each Project
Biographical Sketch- Principal Investigator/Program Director
Other Biographical Sketches
Other Support
Overall Description of the Expanded Program (2 page maximum)
Statement on the Institutional Commitment to the Expanded Program (1 page maximum)
Identification of the States that will be involved with the project (if appropriate)
Fundamental Project Cover Sheet
Fundamental Project Plan
Priority Health Condition A Cover Sheet
Priority Health Condition A Project Plan
Priority Health Condition B Cover Sheet
Priority Health Condition B Project Plan
Priority Health Condition (use as many headings as there are priority health conditions)
Note: each project plan should use the following outline. Each project plan should not exceed 25 pages
a. Header Page with Title and Principal Investigator's name (do not use the 398 face page)
b. Description, Performance Sites, and Personnel
c. Highlights of Accomplishments for Past Project Period, if applicable (1 page maximum)
d. Specific Aims
e. Background and Significance
f. Preliminary Studies/Progress Report
g. Project Design and Methods
h. Human Subjects
i. Vertebrate Animals
j. Literature Cited
k. Consortium/Contractual Arrangements
l. Consultants and Collaborators, including NIOSH
Note: Items d-g cannot exceed 25 pages for each project plan. Type density and size of the entire application must conform to the limits provided in the PHS 398 instructions on page 6.

Please direct inquiries to:
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Centers for Disease Control and Prevention
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