

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 99062]

National Institute for Occupational Safety and Health; Safety and Health Interventions in the Construction Industry; Notice of Availability of Funds

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1999 funds for a cooperative agreement program for Safety and Health Interventions in the Construction Industry. This program addresses the "Healthy People 2000" priority area of Occupational Safety and Health. The purpose of this cooperative agreement is to develop, implement, and evaluate a national research program in prevention intervention effectiveness research and preventive service systems research in construction safety and health. Many of the National Occupational Research Agenda (NORA) priority areas are relevant to the construction industry and should be considered when responding to this Request for Assistance. These include, preventing hearing loss, back disorders, asthma, and dermatitis and reducing or eliminating traumatic injuries (caused by falls, electrocutions, struck-by or contact with materials/objects). In addition, there are other high priority problems in construction that are not explicitly included in NORA, such as silicosis and lead poisoning, that should be addressed. The overall project will respond to problems that are specific to different regions, different trades and different industry sectors.

B. Eligible Applicants

Applications may be submitted by public and private nonprofit and for-profit organizations and by governments and their agencies; that is, universities, colleges, research institutions, hospitals, other public and private nonprofit and for-profit organizations, State and local governments or their bona fide agents, and federally recognized Indian tribal governments, Indian tribes, or Indian tribal organizations.

Note: Public Law 104-65 states that an organization described in section 501(c)(4) of the Internal Revenue Code of 1986 that engages in lobbying activities is not eligible to receive Federal funds constituting an award, grant, cooperative agreement, contract, loan, or any other form.

C. Availability of Funds

Approximately \$4.125 million is available in FY 99 to fund one award. It is expected that approximately \$5.0 million will become available for years 2-5. It is expected that the award will begin on or about September 29, 1999, and will be made for a 4 year 9-month project period with year one being 9 months and years 2-4 being 12 months. Funding estimates may change. Continuation awards within an approved project period will be made on the basis of satisfactory progress as evidenced by required reports and the availability of funds.

D. Cooperative Activities

In conducting activities to achieve the purpose of this program, the recipient shall be responsible for the activities under Recipient Activities below, and CDC/NIOSH will be responsible for the activities under CDC/NIOSH Activities below:

Recipient Activities

1. Innovative Pilots or Feasibility Studies

a. Create implement innovative pilot/feasibility project to reduce injury/illness in construction.

b. Establish partnerships with small businesses and independent contractors, unionized contractors to develop, implement and evaluate pilot work looking at the health and safety needs of the entire spectrum of the construction workforce.

2. Intervention Evaluation Research

a. Implement and evaluate intervention initiatives to reduce construction-related injury/illness through partnerships. Incorporate economic analysis into the evaluation process for intervention study.

b. Identify and utilize data to target at-risk groups. Develop interventions aimed at improving best practices; develop detailed plans for modifying best practices based on data. Identify existing or develop new intervention initiatives designed to improve best practices for specific industry sectors and operations within individual sectors. Evaluate intervention initiatives for implementing and evaluating the effectiveness of the intervention throughout the targeted industry sector in future years.

c. Develop, implement, and evaluate employee/employer safety and health approaches.

d. Develop study designed to evaluate the effectiveness of worker training programs across multiple trades, on multiple issues of concern, and on using

different training modalities. Evaluate the state of existing training programs and develop standardized safety and health training for the industry. Evaluate the effectiveness of training interventions using data collected.

3. Information and Technology Transfer

a. Develop, implement, and evaluate various aspects of the information transfer process within the construction industry.

b. Demonstrate the ability to create and maintain an infrastructure to be a central clearinghouse for collecting and disseminating health and safety related information to the construction industry.

c. Develop studies to identify the various means that construction firms use to obtain safety and health information.

4. Preventive Systems Research

Develop a research agenda which include (1) studies of policies and procedures that facilitate or hinder the adoption and implementation of effective best practices and interventions, and research on the technology of effective dissemination; (2) studies of the effects of age, gender, ethnicity, organizational, or sociocultural factors that affect access to, or use of, available best practice preventive interventions; and (3) studies of the costs associated with implementing best practice preventive interventions and methods of financing such interventions.

5. On-Going Surveillance

a. Identify pertinent databases and update and expand them where possible.

6. Review Priorities

a. Develop a system to continuously review surveillance and intervention outcome data to establish priorities for research under this cooperative agreement.

b. Convene a national conference for the purpose of sharing information, establishing priorities, and facilitating joint approaches for developing construction industry interventions and to identify and critique current "best practices" for specific construction trades and industry sectors.

CDC/NIOSH Activities

1. Provide technical assistance, through site visits and other communication, in all phases of the development, implementation and maintenance of the cooperative agreement.

2. Facilitate communication/coordination between recipients and

other groups, organizations and agencies involved in construction research and outreach.

E. Application Content

Use the information in the Cooperative Activities, Other Requirements, and Evaluation Criteria sections to develop the application content. Your application will be evaluated on the criteria listed, so it is important to follow them in laying out your program plan. The narrative should be no more than 50 double-spaced pages. The original and each copy of the application must be submitted unstapled and unbound. All materials must be typewritten, double-spaced, with unreduced type (font size 12 point) on 8½" by 11" paper, with at least 1" margins, headers, and footers, and printed on one side only. Do not include any spiral or bound materials or pamphlets. Appendices should have indexes and include (1) support letters (2) information on key personnel (3) other supporting documentation.

F. Submission and Deadline

Letter of Intent (LOI)

Your letter of intent should include the following information. The letter of intent must be submitted on or before May 30, 1999, to: Sheryl L. Heard, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Announcement 99062, Centers for Disease Control and Prevention (CDC), 2920 Brandywine Road, Room 3000, Atlanta, Georgia 30341.

Application

Submit the original and two copies of PHS 5161-1 (OMB Number 0937-0189). Forms are in the application kit. On or before June 30, 1999, submit the application to: Sheryl Heard, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Announcement 99062, Centers for Disease Control and Prevention (CDC), 2920 Brandywine Road, Room 3000, Atlanta, Georgia 30341.

Deadline: Applications shall be considered as meeting the deadline if they are either:

(a) Received on or before the deadline date; or

(b) Sent on or before the deadline date and received in time for orderly processing. (Applicants must request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or U.S. Postal Service. Private metered postmarks shall not be acceptable as proof of timely mailing.)

Late Applications: Applications which do not meet the criteria in (a) or (b) above are considered late applications, will not be considered, and will be returned to the applicant.

G. Evaluation Criteria

Application which are complete and responsive will be reviewed and evaluated by an Independent Special Emphasis Panel in accordance with the following criteria.

1. Background and Need (20 points total)

a. The extent to which the applicant understands the purpose and provides a comprehensive statement of the specific problems to be addressed. (2 points)

b. The extent to which the applicant presents data justifying the need for the overall program and its components, and that interventions are theoretically justified and supported with epidemiologic, methodological, or behavioral research. (9 points)

c. The extent to which the interventions/pilot projects are feasible and can be expected to produce the anticipated results. The feasibility of adoption and sustainability of the intervention acknowledging potential strengths and barriers to adoption and sustainability in the industry, e.g. the impact of trends in construction, support by partners and stakeholders, costs of implementation, effects on production, and industry culture. Identification of participant relationships (potential or actual) that have and might have an interest in supporting and extending the intervention beyond the current agreement. (9 points)

2. Goals and Objectives (20 points total)

a. The extent to which specific research questions and/or hypotheses are described. The extent to which the applicant has included goals which are relevant to reducing injuries, illnesses, and/or hazard exposure among construction workers. (6 points)

b. The extent to which the applicant has included goals and objectives that are specific, measurable, time-phased, and feasible to accomplish, goals and objectives. (7 points)

c. The extent to which objectives include involving construction workers, employers, unions, and other stakeholders in the planning, implementation and evaluation of the projects proposed. (7 points)

3. Methods (25 points total)

a. The extent to which the applicant provides a detailed description of overall study design and research

methods to be used for the proposed research project, including the designation of responsibility for activities undertaken. (10 points)

b. The extent to which the target population and setting in which the interventions/pilot projects are to be implemented are clearly described and shown to be adequate for achieving the desired objectives. (9 points)

c. The extent to which it is demonstrated that the participation of the target group will be sufficient to evaluate the interventions/pilot projects in an unbiased fashion. (3 points)

d. The extent to which the applicant has met the CDC policy requirements regarding the inclusion of women, ethnic, and racial groups in the proposed research. This includes: (1) The proposed plan for the inclusion of both sexes and racial and ethnic minority populations for appropriate representation; (2) The proposed justification when representation is limited or absent; (3) A statement as to whether the design of the study is adequate to measure differences when warranted; (4) A statement as to whether the plans for recruitment and outreach for study participants include the process of establishing partnerships with community(ies) and recognition of mutual benefits will be documented. (3 points)

4. Staffing, Facilities and Resources (15 points total)

a. The extent to which organizational structure, job descriptions, proposed staffing, staff qualifications and experience, identified training needs or plan, and curricula vitae for both the proposed and current staff indicate the applicant's ability to carry out the objectives of the program. The extent to which the management staff and their working partners are clearly described, appropriately assigned and have pertinent skills and experiences, e.g. previous accomplishments in agricultural safety and health interventions. Time allocation of the professional staff to be assigned to this project. (8 points)

b. The extent to which concurrence with the applicant's plans by all other involved parties is specific and documented, e.g. support for proposed activities as well as commitment to participate from proposed partners (e.g. letters of support and/or memoranda of understanding). The extent to which the participants are clearly described and their qualifications for their component of the proposed work are explicitly stated. The extent to which the applicant provides proof of the involvement of partners/stakeholders

(e.g., academic researchers, non-profit organizations, unions and employers) in the development of this proposal. (7 points)

5. Evaluation (20 points)

The extent to which the proposed evaluation system is detailed and will document program process, effectiveness, impact, and outcome. The extent to which an evaluation plan has been developed to determine both the success of the pilot projects or interventions and to determine their utility as a public health prevention strategy with broader application. The extent to which the applicant demonstrates potential data sources for evaluation purposes, and documents staff availability, expertise, and capacity to perform the evaluation. The extent to which a feasible plan for reporting evaluation results and using evaluation information for programmatic decisions is included. The extent to which the applicant describes strategies for broad-based dissemination of information to the construction industry.

6. Budget and Justification (not scored)

The extent to which the applicant provides a detailed budget and narrative justification consistent with stated objectives and planned program activities.

7. Human Subjects Review (not scored)

If human subjects will be involved, the applicant must clearly state how they will be protected (i.e., describe the review process which will govern participation).

H. Other Requirements

Technical Reporting Requirements

Provide CDC with original plus two copies of

1. annual progress reports;
2. all final reports and project outputs, including published reports will be prepared in WordPerfect 6.1 or higher in a form that can be converted to HTML format for mounting on the Internet;
3. financial status report, no more than 90 days after the end of the budget period; and
4. final financial status and performance reports, no more than 90 days after the end of the project period.

Send all reports to: Sheryl Heard, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 2920 Brandywine Road, Room 3000, Atlanta, GA 30341.

The following additional requirements are applicable to this program. For a complete description of

each, see Attachment I in the application package.

AR-1 Human Subjects Requirements

AR-2 Requirements for Inclusion of Women and Racial and Ethnic Minorities in Research

AR-9 Paperwork Reduction Act Requirements

AR-10 Smoke-Free Workplace Requirements

AR-11 Healthy People 2000

AR-12 Lobbying Restrictions

AR-20 Conference Support

I. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under section 20(a) and 22(e)(7) of the Occupational Safety and Health Act of 1970, [29 U.S.C. 669(a) and 671(e)(7)]. The Catalog of Federal Domestic Assistance number is 93.283.

J. Where to Obtain Additional Information

Please refer to Program Announcement 99062 when you request information. To receive additional written information and to request an application kit, call 1-888-GRANTS4 (1-888 472-6874). You will be asked to leave your name and address and will be instructed to identify the Announcement number of interest.

See also the CDC home page on the Internet: <http://www.cdc.gov>

If you have questions after reviewing the contents of all the documents, please contact: Sheryl Heard, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Announcement 99062, Centers for Disease Control and Prevention (CDC), 2920 Brandywine Road, Room 3000, Atlanta, GA 30341, telephone (770) 488-2723, Email address SLH3@cdc.gov.

For program technical assistance, contact: Dr. Linda Goldenhar, National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC), Division of Surveillance, Hazard Evaluations and Field Studies, 4676 Columbia Parkway, R-21, Cincinnati, OH 45226, Telephone (513) 841-4493, Fax (513) 841-4486, e-mail: lyg9@cdc.gov.

Dated: March 30, 1999.

Diane D. Porter,

Acting Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention (CDC).

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Head Start Bureau; Advisory Committee on Head Start Research and Evaluation; Notice of Meeting

AGENCY: Administration for Children, Youth and Families, ACF, DHHS.

ACTION: Notice of meeting; Advisory Committee on Head Start Research and Evaluation.

SUMMARY: The 1998 Head Start Reauthorization (42 U.S.C. 9844(g); Section 649(g)(1) of the Head Start Act, as amended) called on the Secretary of Health and Human Services to form an independent panel of experts (i.e., an Advisory Committee) to offer advice concerning research designs that would provide a national analysis of the impact of Head Start Programs. The April 26-27, 1999 meeting is expected to be the first of three meetings of the Advisory Committee that will culminate in a report to the Secretary due October 1, 1999.

DATE AND TIME: April 26, 1999, 9 a.m.-5:30 p.m. and April 27, 1999, 9 a.m.-12 p.m.

PLACE: Georgetown University Conference Center, 3800 Reservoir Road, NW., Washington, DC 20057.

SUPPLEMENTARY INFORMATION: This meeting is open to the public and is barrier free. Meeting records will also be open to the public and will be kept at the Switzer Building located at 330 "C" Street, SW., Washington, DC 20447. The Head Start Bureau also intends to make material related to this meeting available on the Head Start web site <http://www/dhhs.gov/programs/hsb>. An interpreter for the deaf and hearing impaired will be available upon advance request by calling Ellsworth Associates at (703) 821-3090 (ext. 282).

FOR FURTHER INFORMATION CONTACT: Deborah Roderick Stark at (301) 889-0430 for substantive information. ACF Office of Public Affairs at (202) 401-9215 for press inquiries. Ellsworth Associates at (703) 821-3090 (ext. 282) for logistical information.

Dated: March 31, 1999.

Patricia Montoya,

Commissioner, Administration on Children, Youth, and Families.

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