departments and agencies; and acts as the lead Federal agency for Emergency Support Function #8 within the Federal Response Plan. In these roles, OEP maintains the operational readiness required for timely and effective response to Federal, State, and local government requests for social services, health and medical assistance following major disasters or terrorist incidents.

1. The Division of Program Development (ACK1)—The Division of Program Development is responsible for developing the planning and implementation processes to improve local response capabilities and the integration of national and local response resources. Key functions include the development of Metropolitan Medical Strike Teams; systems revising DHHS emergency plans to assure consistency with Continuity of Government and Continuity of Operations plans; managing program development activities with the Centers for Disease Control and Prevention, Agency for Toxic Substances and Disease Registry, and the Food and Drug Administration and other OPDIVS to develop technical support systems to deal with the consequences of WMD terrorist events; and working with the National Academy of Sciences and other outside groups to formulate a technology development strategy to enhance the efficacy and effectiveness of responses to WMD incidents.

2. The Division of Emergency Readiness and Operations (ACK2)—The Division of Emergency Readiness and Operations (DERO) is responsible for improving the range of emergency response capabilities and for assuring emergency response readiness. To accomplish these tasks, DERO supports the interdepartmental National Disaster Medical System (NDMS) Senior Policy Group, Directorate, and Directorate Staff; coordinates the NDMS Disaster Medical Assistance Teams (DMATs) and provides administrative support to DMAT personnel; manages the Rockville Emergency Operations Center during emergencies; develops national WMD response capable DMATs; improves the communications infrastructure to support DMAT deployment; works with the Department of Veterans Affairs to assure appropriate pharmaceutical availability, especially for WMD incidents; and establishes Medical Support Units at the site of emergencies.

3. The Division of Administration and Support (ACK3)—The Division of Administration and Support (DAS) is responsible for OEP budget execution and formulation, personnel, procurement, as well as other administrative activities. To accomplish these tasks, DAS works with the OEP Director and the OEP Division Directors to develop solutions to administrative related problems and to develop more effective and efficient administrative support for accomplishing OEP priorities. DAS also provides staff support for the OEP Director in coordinating cross-cutting activities, such as, the management of Regional Emergency Coordinator Work Plans and Regional Advice of Allowance.

Dated: June 9, 1997.

John J. Callahan,

Assistant Secretary for Management and Budget.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Announcement Number 708]

Cooperative Agreement for State-Based Surveillance Activities—Sentinel Event Notification Systems for Occupational Risk (SENSOR); Notice of Availability of Funds for Fiscal Year 1997

Introduction

The Centers for Disease Control and Prevention (CDC), the Nation's Prevention Agency, announces the availability of fiscal year (FY) 1997 funds for cooperative agreements with State and territorial departments of health (or other State or territorial governmental agencies in collaboration with a department of health) to establish and/or expand surveillance for occupational diseases and injuries.

CDC is committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to the priority area of Occupational Safety and Health. (For ordering a copy of Healthy People 2000, see the Section Where to Obtain Additional Information.)

Authority

This program is authorized under the Public Health Service Act, as amended, section 301(a) (42 U.S.C. 241(a)) and the Occupational Safety and Health Act of 1970, section 20(a) and 22(29 U.S.C. 669(a) and 671). The applicable program regulation is 42 CFR part 52.

Smoke-Free Workplace

CDC strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of all tobacco products, and 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, and early childhood development services are provided to children.

Eligible Applicants

Eligible applicants are the official State or territorial health departments or other official State or territorial agencies or their bona fide agents, with occupational safety and health jurisdiction. Applicants other than the health department must apply *in conjunction with* their State or territorial health department.

Applicants may apply for funding under one or both of the two surveillance categories (SENSOR Experimentation and/or SENSOR Field-Testing). Under each category, applicants may apply for funding for single or multiple target conditions. We intend to support surveillance for no more than four target conditions per State.

Note: Please review **FUNDING PRIORITIES** for CDC/NIOSH's selection of priority funding.

Availability of Funds

Approximately $2 million is available in FY 1997. It is expected that the awards will begin on or about September 30, 1997, and will be made for a 12-month budget period within a project period of up to three years for SENSOR Experimentation, and five years for SENSOR Field Testing. Funding estimates may vary and are subject to change.

Continuation awards within the project period will be made on the basis of satisfactory progress and the availability of funds.

Approximately $200,000 per year in additional funding from the Environmental Protection Agency (EPA) is available to support follow-up activities for SENSOR Field-Testing awards for the surveillance of acute occupational pesticide illness case reports.

Distribution of funds among the two categories of activities as described in the **BACKGROUND** section is anticipated to be as follows:

A. Sensor Experimentation

Between $200,000 and $900,000 will be available for SENSOR Experimentation. We intend to fund a minimum of two proposals in this

category. The average award will be $100,000 for each target condition. Individual awards for each condition may range from $85,000 to $115,000, depending on the number of conditions under surveillance, the scope of the surveillance program, the size of the State, and the stage of development of the current State program. CDC/NIOSH funding priority is applicable. See ''Funding Priorities.''

B. SENSOR Field-Testing

Between $500,000 and $1,800,000 will be available for SENSOR Field-Testing #1 and #2. A total of approximately 11 awards will be funded, the final number of awards reflecting the minimums below and the overall priority score ranking among all applications received under both SENSOR Experimentation and Field-testing. These awards will be made in two categories as follows:

1. *Sensor Field-Testing* #1—(Pesticide Surveillance) We intend to fund up to six proposals for pesticide surveillance in this category. Approximately $600,000 is available for funding. The average award will be $100,000 for each target condition. Individual awards for each condition may range from $85,000 to $115,000, depending on the number of conditions under surveillance, the scope of the surveillance program, the size of the State, and the stage of development of the current State program. CDC/NIOSH funding priority *is not applicable.*

2. *Sensor Field-Testing* #2—We intend to fund a minimum of five proposals in this category, including at least one award for work-related burns, two for occupational asthma, and two for silicosis. Between $500,000 and $1,200,000 is available to fund proposals. The average award is expected to be $100,000; individual awards for each condition may range from $85,000 to $115,000 for this category. CDC/NIOSH funding priority *is* applicable. See ''Funding Priorities.''

C. Requests for Supplemental EPA Funds

Approximately $200,000 per year will be available for up to six States successfully competing for SENSOR Field-Testing #1 (pesticide surveillance) awards. Supplemental awards will be considered for each of the six proposals for the surveillance of acute occupational pesticide illness case reports, focusing on pesticide incidents involving re-entry to pesticide treated areas, pesticide drift from treated areas, pesticide drift from treated areas into adjacent or nearby fields, and incidents associated with mixing, loading, and application of pesticides. Individual awards may range from $30,000 to $100,000. CDC/NIOSH funding priority *is* applicable. See ''Funding Priorities.''

Use of Funds

Restrictions on Lobbying

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. 1352 (which has been in effect since December 23, 1989), recipients (and their subtier 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, the FY 1997 HHS Appropriations Act, which became effective October 1, 1996, expressly prohibits the use of 1997 appropriated funds for indirect or ''grass roots'' lobbying efforts that are designed to support or defeat legislation pending before State legislatures. This new law, section 503 of Public Law 104–208, provides as follows:

> Sec. 503(a) No part of any appropriation contained in this Act 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, * * * except in presentation to the Congress or any State legislative body itself.
>
> (b) No part of any appropriation contained in this Act 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 legislature.

Department of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 1997, as enacted by the Omnibus Consolidated Appropriations Act, 1997, Division A, Title I, section 101(e), Public Law 104–208 (September 30, 1996).

Background and Definitions

In 1987, NIOSH announced the availability of funds for a 5-year program entitled SENSOR in State and territorial health departments. The purpose of the 5-year program was to pilot case-based surveillance and follow-back activities for selected occupational health conditions, with the ultimate goal of preventing occupational disease and injury.

The original SENSOR model involved case ascertainment through reporting by sentinel physicians. Cases were reported to a State health department, which obtained additional information for each case, analyzed the aggregate reports, and disseminated the analyzed data. The health department, often in collaboration with other State agencies (such as State departments of labor or State OSHA programs), conducted prevention-oriented follow-up activities involving follow-back to the reported case, co-workers of the reported case, and the workplace of the reported case. Thus the prevention-oriented intervention primarily involved a specific workplace. In addition, information on the aggregate case reports and educational material concerning the target condition were disseminated to the medical community.

During the period 1987–1992, 10 States received SENSOR funding for experimental case-based occupational health and safety surveillance activities. The target conditions have included elevated blood lead, carpal tunnel syndrome, pesticide poisoning, occupational lung diseases (silicosis, occupational asthma and hypersensitivity pneumonitis, pneumoconiosis), and work-related burns.

In the course of SENSOR's past ten years, the original model has evolved. Case ascertainment methods, other than or in addition to physician reporting—such as reporting by hospitals and laboratories, hospital discharge data, and death certificates—have been demonstrated to be useful and feasible. Outreach and intervention strategies other than, or in addition to intervention at a particular worksite—such as hazard alerts, large-scale education efforts, and the use of hazard surveillance to target groups of workplaces analogous to those identified through cases—have been demonstrated to be feasible and effective. It has become clear that no single follow-up or intervention model for workplace prevention is appropriate for all target conditions or for all State health departments.

The objective of the SENSOR cooperative agreements program is to build upon the States' experience of the past 10 years by continued support for two types of surveillance activities:

A. *SENSOR Experimentation:* The purpose of this experimentation effort is to support the initial design of State-based surveillance systems. Experimental programs may include target conditions and/or surveillance methodologies not currently funded by SENSOR, as well as current SENSOR experiments not deemed ready for inclusion in the field-testing category. NIOSH currently supports nine developmental programs for carbon monoxide poisoning, carpal tunnel syndrome, childhood injuries, noise-induced hearing loss, amputations, cadmium overexposure, pesticide health effects, occupational tuberculosis, and dermatitis. Experimental programs should utilize case ascertainment methods appropriate to the target condition, and as applicable should link surveillance activities to an appropriate follow-up or intervention activity. The ability of the experimental surveillance program to yield representative or generalizable data useful for estimating incidence or prevalence rates for the target condition is but one factor that should be considered in the experimental design. All follow-up or intervention activities should have the broad objective of preventing occupational disease and injury. The appropriate follow-up or intervention for any given experimental program will depend on the target condition, the available personnel and resources, and the unique characteristics of the State.

B. *SENSOR Field-Testing:* The purpose of this effort is to field-test feasible and effective surveillance approaches subsequent to development under SENSOR experimental programs. Surveillance strategies currently ready for field-testing are:

1. Hospital reporting of work-related burns;

2. Surveillance of acute occupational pesticide illness;

3. Silicosis surveillance utilizing each of three sources of case ascertainment: Physician reporting, hospital discharge data, and death certificates. Workers' compensation records should also be utilized if available; and

4. Physician reporting of occupational asthma.

Purpose

The underlying goal of SENSOR is the prevention of occupational disease and injury. As one of the major CDC/NIOSH surveillance programs, SENSOR promotes the more general goals for surveillance that include:

A. Identifying new, or previously unrecognized occupational diseases, injuries, and hazards;

B. Identifying ''sentinel'' diseases, injuries, or hazards, the occurrence of which represent a failure of prevention;

C. Determining the magnitude and distribution of occupational diseases, injuries, and hazards;

D. Tracking trends in the magnitude and distribution of occupational diseases, injuries, and hazards;

E. Effectively targeting occupations, industries, and workplaces for consultative services or inspections; and

F. Disseminating information to aid the public and government in decision-making.

The specific objectives of these cooperative agreements are:

A. To support the development, implementation, and evaluation of experimental State-based surveillance strategies utilizing current SENSOR target conditions (see Experimental and Field Testing conditions noted above) and/or new or as-yet-unevaluated methodologies (SENSOR Experimentation);

B. To support the field-testing of State-based surveillance strategies;

C. To support the implementation of occupational health surveillance activities in as many States and territories as possible;

D. To encourage ongoing evaluation of NIOSH-supported State-based surveillance activities;

E. To support the development and evaluation of information dissemination and intervention strategies that result in the prevention of occupational disease and injury;

F. To explore the utility of case-based surveillance systems in providing estimates of incidence and/or prevalence rates of selected occupational disorders;

G. To enhance the role of State and territorial health departments in surveillance and prevention of occupationally-related morbidity and mortality; and

H. To foster cooperation with NIOSH surveillance programs and between and among State and territorial health departments and other State governmental agencies with interest and expertise relevant to occupational health surveillance, intervention, and prevention activities; and

I. Support the EPA's evaluation of the Worker Protection Standard through collaborative CDC/NIOSH and State efforts in developing information from acute occupational pesticide illness investigations and case reports.

Program Requirements

For both types of SENSOR surveillance activities, cooperative agreement recipients will be responsible for the activities under A.(Recipient Activities), and CDC/NIOSH will be responsible for the activities listed under B. (CDC/NIOSH Activities).

A. Recipient Activities

1. Develop in collaboration with NIOSH a surveillance plan for the target occupationally-related condition(s) which includes:

a. Delineating a case definition for each target surveillance condition;

b. Developing case ascertainment systems appropriate for the target surveillance condition(s) and available resources. These may include:

(1) Direct physician, laboratory, or hospital reports of disease and injury;
(2) Hospital discharge data;
(3) Death certificates;
(4) Workers' compensation data;
(5) State or Federal disability data;
(6) Poison control center reports;
(7) Other.

c. Gathering additional data as necessary to adequately characterize the reported cases. Sources of this additional data may include:

(1) Reporting physician, hospital, or laboratory;
(2) Reported individual or family member;
(3) Workplace of reported individual;
(4) Co-workers of reported individual;
(5) Other.

d. Establishing a case and data management system;

e. Developing case follow-up and intervention methods aimed toward immediate and/or long-term prevention of the condition(s) under surveillance, such as:

(1) Hazard alerts, or other publications with wide distribution to relevant unions, trade organizations, media, public health agencies, and other groups with responsibilities for or interest in occupational safety and health;

(2) Educational efforts aimed toward physicians, other health care professionals, individual or groups of workers, individual workplaces, employer and trade organizations;

(3) Workplace walk-through visits, with recommendations regarding hazard abatement;

(4) Screening of co-workers of affected individuals;

(5) Referral to regulatory agencies;

(6) Coordinating with NIOSH in conducting in-depth investigations or development of control technology.

Research investigations, such as detailed case-control, cohort, or cross-sectional medical studies, while important for prevention efforts, should be funded through mechanisms other than the SENSOR cooperative agreements.

f. Timely data analysis to ascertain trends and patterns of public health importance and provide guidance for intervention efforts; and;

g. Developing means of dissemination of surveillance information that will contribute to occupational disease and injury prevention. This includes (but is not limited to) sharing material developed under this cooperative agreement with other States through NIOSH and/or other NIOSH surveillance partners, and preparation for publication of one report per year for each target condition.

2. Ensure that surveillance protocols provide confidentiality and job protection for reported individuals;

3. Provide information necessary for evaluating the usefulness and efficacy of the surveillance and intervention efforts;

4. Develop a timetable for development and implementation of the proposed surveillance activity; and

5. Periodically disseminate important or unusual case reports, and generally promote the periodic summarization and analysis of SENSOR reports;

6. In collaboration with NIOSH, work to standardize protocols, data management systems, questionnaires, and other surveillance-related material with other States conducting surveillance for the same target condition.

7. Within States with large numbers of farm workers, particularly those working on farms with row crops, fruits and vegetables, improve the nation's understanding of the incidence of pesticide related illness. Emphasis will be placed on those follow-up activities to case reports, focusing on incidents involving re-entry to pesticide treated areas, pesticide drift from treated areas into adjacent or nearby fields, and incidents associated with the mixing, loading, and application of pesticides.

B. CDC/NIOSH Activities

1. Provide guidance and technical assistance in all phases of development, implementation, analysis, and evaluation of case ascertainment, follow-up, and intervention activities;

2. Provide technical assistance in identifying the most appropriate target surveillance conditions and the most effective surveillance strategies;

3. Provide technical assistance for in-depth investigations and development of control technology;

4. Provide periodic summaries and analyses of aggregate surveillance data from SENSOR States;

5. Support or otherwise maintain a central clearinghouse of surveillance-related materials for use by the States, and otherwise partner with States to assure the effective use and dissemination of State surveillance work products;

6. Facilitate communication and coordination among the States with regard to data collection and analysis, information development and dissemination, intervention strategies, and evaluation of surveillance activities;

7. Convene an annual national meeting of SENSOR States, as well as periodic meetings of States with similar target surveillance conditions;

8. Provide editorial assistance in preparation of important or unusual case reports for publication in the MMWR or other appropriate publications.

Technical Reporting Requirements

Annual and periodic progress reports are required. Schedules for the periodic reports, not more frequently than semi-annual, will be established at the time of the award. An original and two copies of a progress report and financial status report are required no later than 90 days after the end of each budget period. Final financial and performance reports are required no later than 90 days after the end of the project period. All reports are to be submitted to the Grants Management Branch, CDC.

Semi-annual progress report should include:

A. A brief program description.

B. A listing of program goals and objectives accompanied by a comparison of the actual accomplishments related to the goals and objectives established for the period.

C. If established goals and objectives to be accomplished were delayed, describe both the reason for the deviation and anticipated corrective action or deletion of the activity from the project.

D. Other pertinent information, including the status of completeness, timeliness and quality of data.

Application Content

Separate applications must be submitted for each of the two SENSOR categories described above. Within each application, those applying for more than one target condition should address each target condition separately.

The entire application, including appendices, should not exceed 100 pages and the Proposal Narrative section contained therein should not exceed 25 pages. Pages should be clearly numbered and a complete index to the application and any appendices included. 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.

Completed budget forms should be placed at the beginning of the application with the rest of the form 5161–1. The applicant should provide a detailed budget, with accompanying justification of all operating expenses, that is consistent with the stated objectives and planned activities of the project. CDC may not approve or fund all proposed activities. Applicants should be precise about the program purpose of each budget item. For contracts described within the application budget, applicants should name the contractor, if known, describe the services to be performed; and provide an itemized breakdown and justification for the estimated costs of the contract; the kinds of organizations or parties to be selected; the period of performance; and the method of selection. Place budget narrative pages showing, in detail, how funds in each object class will be spent, directly behind form 424A. Do not put these pages in the body of the application.

The applicant should provide a detailed description of first-year activities and briefly describe future-years objectives and activities.

A. *Title Page*

The heading should include the title of grant program, project title, organization, name and address, project director's name, address and telephone number.

B. *Abstract*

A one page, singled-spaced, typed abstract must be submitted with the application. The heading should include the title of grant program, project title, organization, name and address, project director and telephone number. This abstract should include a work plan identifying activities to be developed, activities to be completed, and a time-line for completion of these activities.

C. *Proposal Narrative*

The narrative of each application must:

1. Briefly state the applicant's understanding of the need or problem to be addressed and the goal of this cooperative agreement;

2. Document the applicant's ability to provide staff, knowledge, and other

resources required to perform the responsibilities in this project, and describe the approach to be used in carrying out those responsibilities;

3. Describe clearly the objectives of the project, the steps to be taken in planning and implementing this project, and the respective responsibilities of the applicant and any other entities for carrying out those steps;

4. Discuss how this project will contribute to the prevention of occupational disease and injury;

5. Provide a proposed schedule and timeline for accomplishing each of the activities to be carried out in this project, and a method for evaluating the accomplishments;

6. Describe the names, qualifications, and time commitments of the professional staff to be assigned to this project; the support staff available for performance of this project; and the facilities, space, and equipment available for performance of this project. This should include a description of the organizational structure and a mission statement;

7. Specify a proposed plan for administering this project, and provide the name, qualifications, and time commitments of the Program Director who will be responsible for its technical development and overall management;

8. Provide a detailed budget which indicates: (1) Anticipated costs for personnel, travel, communications, postage, equipment, supplies, etc., and (2) all sources of funds to meet those needs. Funding for the program director to attend one annual SENSOR meeting and one annual meeting for each target condition at a NIOSH facility (in Cincinnati, Ohio, or Morgantown, W. Virginia) should be included in the proposed budget;

9. Copies of all pertinent regulations and/or legislation, including physician, laboratory, or hospital reporting requirements;

10. For applicants seeking support for surveillance of acute occupational pesticide illnesses, a separate part of the application should be devoted to a proposal for supplemental funds to conduct follow-up investigations or case studies on case reports, focusing on incidents involving re-entry to pesticide treated areas, pesticide drift from treated areas into adjacent or nearby fields, and incidents associated with the mixing, loading, and application of pesticides. Proposals will be rated according to the criteria noted under Evaluation Criteria, Sensor Field-Testing, paragraph F, Scoring Requests for Supplemental EPA Funds. A separate supplemental budget should accompany the application. It should be understood that the rating and ranking for support for surveillance of acute occupational pesticide illness is independent of an application's competitiveness for supplemental support;

11. Human Subjects: State whether or not humans are subjects in this proposal. (See *Human Subjects* in the Evaluation Criteria and Other Requirements sections.)

Evaluation Criteria

Each target condition within each application will be evaluated, scored and ranked separately according to the following criteria:

SENSOR Experimentation (100 Total Points)

A. Technical Merit (65 Total Points)

1. Relevance of the proposal to the objectives outlined in the Program Announcement (10 points);

2. Importance of the proposed surveillance activity in reducing the risk of a specific occupational health or safety condition. Importance should be discussed relative to the applicant's State and the nation. Remarks should include reference to measures of the estimated magnitude of the disease, injury, or condition subject to surveillance, as well as a description of the potential population-at-risk (15 points);

3. Appropriate selection and/or design for the surveillance of the target condition(s), case definitions, case identification methods, data analysis and information dissemination, case follow-up, and intervention activities (20 points);

4. Provision for maintaining confidentiality of individual case reports and sensitivity to protecting the employment status of reported cases (5 points);

5. Capacity to provide case reports, data, and other information that promotes the goals of surveillance generally, and the evaluation of this surveillance activity for inclusion under SENSOR Field Testing (10 points);

6. Adequacy of the proposed schedule and personnel for accomplishing the proposed activities (5 points).

B. Background, Experience, and Capability (25 Total Points)

1. Applicant's previous accomplishments in the design, implementation, and evaluation of occupational health surveillance activities, including SENSOR (10 points);

2. Training, experience, and competence of the proposed Project Director and staff in the design, implementation, and evaluation of occupational health surveillance activities (10 points);

3. Availability of sufficient support staff to carry out this project (5 points).

C. State Commitment (10 Total Points)

The ability of the applicant to commit:

1. Additional funds (5 points); and/or

2. Staff time to the proposed program (5 points).

D. Human Subjects (Not Scored)

Whether or not exempt from the DHHS regulations, are procedures adequate for the protection of human subjects? Recommendations on the adequacy of protections include: (1) Protections appear adequate, and there are no comments to make or concerns to raise, (2) protections appear adequate, but there are comments regarding the protocol, (3) protections appear inadequate and the Objective Review Group has concerns related to human subjects; or (4) disapproval of the application is recommended because the research risks are sufficiently serious and protection against the risks are inadequate as to make the entire application unacceptable.

E. Budget Justification and Adequacy of Facilities (Not Scored)

The proposed budget will be evaluated on the basis of its reasonableness, concise and clear justification, and consistency with the intended use of cooperative agreement funds. The application will also be reviewed as to the adequacy of existing and proposed facilities and resources for conducting project activities.

SENSOR Field-Testing (100 Total Points)

Applications for field-testing of surveillance strategies for work-related burns, silicosis, acute occupational pesticide illness, and occupational asthma will be reviewed and evaluated according to the following criteria:

A. Technical Merit (65 Total Points)

1. Relevance of the proposal to the objectives outlined in the Program Announcement (10 points);

2. Importance of field-testing the proposed surveillance activity in the applicant's State. Importance should be discussed relative to the applicant's State and the nation. Remarks should include reference to measures of the estimated magnitude of the disease, injury, or condition subject to surveillance, as well as a description of the potential population-at-risk (10 points);

3. Appropriate use and/or adaptation of the SENSOR surveillance guidelines for the selected target condition(s) (15 points). (To obtain guidelines, see below under Where to Obtain Additional Information);

4. Provision for maintaining confidentiality of individual case reports and sensitivity to protecting the employment status of reported cases (5 points);

5. Capacity to provide case reports, data, and other information that promotes the goals of surveillance generally, and the evaluation of this surveillance activity for inclusion under SENSOR Field Testing (10 points);

6. Feasibility of providing information needed for the evaluation of this project (5 points);

7. Adequacy of the proposed schedule and personnel for accomplishing the proposed activities (10 points).

B. Background, Experience, and Capability (25 Total Points)

1. Applicant's previous involvement in the design, implementation, and evaluation of public health surveillance and epidemiology activities (10 points);

2. Training, experience, and competence of the proposed project director and staff in the design, implementation, and evaluation of public health surveillance and epidemiology activities (10 points);

3. Availability of sufficient support staff to carry out this project (5 points).

C. State Commitment (10 Total Points)

1. State agency commitment to development of occupational health surveillance activities (5 points);

2. The willingness of the applicant to commit additional funds and/or staff time (5 points).

D. Human Subjects (Not Scored)

Whether or not exempt from the DHHS regulations, are procedures adequate for the protection of human subjects? Recommendations on the adequacy of protections include: (1) Protections appear adequate, and there are no comments to make or concerns to raise, (2) protections appear adequate, but there are comments regarding the protocol, (3) protections appear inadequate and the Objective Review Group has concerns related to human subjects; or (4) disapproval of the application is recommended because the research risks are sufficiently serious and protection against the risks are inadequate as to make the entire application unacceptable.

E. Budget Justification and Adequacy of facilities (Not Scored)

The proposed budget will be evaluated on the basis of its reasonableness, concise and clear justification, and consistency with the intended use of cooperative agreement funds. The application will also be reviewed as to the adequacy of existing and proposed facilities and resources for conducting project activities.

F. Scoring Requests for Supplemental EPA Funds (100 Total Points)

Additional funding from the EPA is available to support follow-up activities to case reports, focusing on pesticide incidents involving re-entry to pesticide treated areas, pesticide drift from treated areas into adjacent or nearby fields, and incidents associated with the mixing, loading, and application of pesticides. Proposals seeking these EPA supplemental funds will be scored as follows:

1. Description of the size of the farm worker population and the seasonal nature of farm worker employment in the State (20 points).

2. Documentation on the outreach services used to interview these workers (20 points).

3. Documented experience in reporting pesticide illness in farm worker populations (20 points).

4. Documented experience in conducting investigations among farm worker populations (20 points).

5. Documented State and local programs that enhance the likelihood of a successful follow-up activity by this program (20 points).

Funding Priorities

SENSOR Experimentation

CDC/NIOSH intends to fund a minimum of two proposals in this category. Of the two awards, at least one award will be made for the surveillance of occupational dermatitis and one award for carpal tunnel syndrome.

SENSOR Field-Testing #2

CDC/NIOSH intends to fund a minimum of five proposals in this category. Of the five awards, at least one award will be made for work-related burns, two for occupational asthma, and two for silicosis.

Supplemental EPA Funds for Sensor Field-Testing #1 (Pesticide Surveillance)

CDC/NIOSH intends to fund up to six proposals for pesticide surveillance. Funds have been earmarked for pesticide surveillance, and the actual number of awards will reflect the funds available for this effort between CDC/NIOSH and the Environmental Protection Agency.

Public comments are not being solicited regarding the funding priority because time does not permit solicitation and review prior to the funding date.

Executive Order 12372

Applications are subject to Intergovernmental Review of Federal Programs as governed by Executive Order (E.O.) 12372.

E.O. 12372 sets up a system for State and local government review of proposed Federal assistance applications. Applicants (other than federally recognized Indian tribal governments) should contact their State Single Point of Contact (SPOC) as early as possible to alert them to the prospective applications and receive any necessary instructions on the State process. For proposed projects serving more than one State, the applicant is advised to contact the SPOC for each affected State. A current list of SPOCs is included in the application kit. If SPOCs have any State process recommendations on applications submitted to CDC, they should forward them to Victoria Sepe, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Atlanta, GA 30305, no later than 45 days after the application deadline date. The Program Announcement Number 708 and Program Title should be referenced on the document. The granting agency does not guarantee to ''accommodate or explain'' State process recommendations it receives after that date.

Public Health System Reporting Requirements

This program is not subject to the Public Health System Reporting Requirements.

Catalog of Federal Domestic Assistance Number

The Catalog of Federal Domestic Assistance number is 93.262.

Other Requirements

Paperwork Reduction Act

Projects that involve the collection of information from ten or more individuals and funded by this cooperative agreement will be subject to review and approval by the Office of Management and Budget (OMB) under the Paperwork Reduction Act.

Human Subjects

If the proposed project involves research on human subjects, the applicant must comply with the Department of Health and Human Services Regulations, 45 CFR part 46, regarding the protection of human subjects. Assurance must be provided to demonstrate that the project will be subject to initial and continuing review by an appropriate institutional review committee. The applicant will be responsible for providing assurance in accordance with the appropriate guidelines and form provided in the application kit.

In addition to other applicable committees, Indian Health Service (IHS) institutional review committees also must review the project if any component of IHS will be involved or will support the research. If any American Indian community is involved, its tribal government must also approve that portion of the project applicable to it.

Application Submission and Deadline

A. Preapplication Letter of Intent

Although not a prerequisite of application, a non-binding letter of intent-to-apply is requested from potential applicants. The letter should be submitted to the Grants Management Branch, CDC at the address listed in this section. It should be postmarked no later than July 9, 1997. The letter should identify Program Announcement number 708, and the name of principal investigator and specify the priority area to be addressed by the proposed project. The letter of intent does not influence review or funding decisions, but it will enable CDC to plan the review more efficiently and will ensure that each applicant receives timely and relevant information prior to application submission.

B. Application

The original and two copies of the application PHS Form 5161–1 (Revised 7/92, OMB Number 0937–0189) must be submitted to Victoria Sepe, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 321, Atlanta, GA 30305, on or before August 5, 1997.

1. Deadline: Applications will 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 submission to the objective review group. (The applicants must request a legibly dated U.S. Postal Service postmark or obtain a receipt from a commercial carrier or the U.S. Postal Service. Private metered postmarks will not be acceptable as proof of timely mailing.)

2. Late Applicants: Applications that do not meet the criteria in 1.(a) or 1.(b) above are considered late applications. Late applications will not be considered in the current competition and will be returned to the applicants.

Where To Obtain Additional Information

To receive additional written information call (404) 332–4561. You will be asked to leave your name, address, and telephone number and will need to refer to NIOSH Announcement 708. You will receive a complete program description, information on application procedures, and application forms. CDC will not send application kits by facsimile or express mail. Please refer to NIOSH announcement number 708 when requesting information and submitting an application.

If you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained from Victoria Sepe, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), Mailstop E–13, Room 321, 255 East Paces Ferry Road, NE., Atlanta, GA 30305, telephone (404) 842–6804, Internet: vxw1@cdc.gov.

Programmatic technical assistance, including guidelines for SENSOR field-testing target conditions, may be obtained from John P. Sestito, J.D., M.S., Chief, Surveillance Branch, Division of Surveillance, Hazard Evaluation and Field Studies, National Institute for Occupational Safety and Health, 4676 Columbia Parkway, Mailstop R–41, Cincinnati, Ohio 45226, telephone (513) 841–4303, Internet: jps4@cdc.gov.

This and other CDC announcements are available through the CDC homepage on the Internet. The address for the CDC homepage is http://www.cdc.gov.

Potential applicants may obtain a copy of Healthy People 2000 (Full report, Stock No. 017–001–00474–0) or Healthy People 2000 (Summary Report, Stock No. 017–001–00473–1) referenced in the Introduction through the Superintendent of Documents, Government Printing Office, Washington, DC 20402–9325, telephone (202) 512–1800.

Potential applicants may obtain a copy of the SENSOR surveillance guidelines referenced in Sensor Field-Testing of the Evaluation Criteria section from John P. Sestito, NIOSH, at telephone number (513) 841–4303.

Dated: June 11, 1997.

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

Centers for Disease Control and Prevention

[Announcement 756]

Preventing Occupational Latex Allergy in Health Care Workers Notice of Availability of Funds for Fiscal Year 1997

Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1997 funds for a cooperative agreement to develop and evaluate the effectiveness of interventions to prevent adverse health effects from latex allergies in health care workers.

CDC is committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to the priority area of Occupational Safety and Health. In recognition of the impact of occupational latex allergies, the National Occupational Research Agenda (NORA), published by the National Institute for Occupational Safety and Health (NIOSH) in April 1996 specifically mentions occupational latex allergies under two of the priority areas for research and prevention. (For ordering a copy of NORA, or Healthy People 2000 see the section **WHERE TO OBTAIN ADDITIONAL INFORMATION.**)

Authority

This program is authorized under sections 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)).

Smoke-Free Workplace

CDC strongly encourages all grant recipients to provide a smoke-free workplace and promote the nonuse of all tobacco products, and Public Law 103–227, the Pro-Children Act of 1994, prohibits smoking in certain facilities that receive Federal funds in which