NIH GUIDE

For Grants and Contracts

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The NIH Guide announces scientific initiatives and provides policy and administrative information to individuals and organizations who need to be kept informed of opportunities, requirements, and changes in extramural programs administered by the National Institutes of Health.

Vol. 19, No. 13
March 30, 1990

NOTICES

NOTICES OF AVAILABILITY (RFPs AND RFAs)

ONGOING PROGRAM ANNOUNCEMENTS

ERRATUM

REVISING THE 398

P.T. 34; K.W. 1014002

Division of Research Grants

An NIH committee, with representatives from other agencies in the Public Health Service, has begun work on revising the PHS 398 Research Grant Application Kit. The committee welcomes any suggestions or comments from the scientific community or from other interested persons regarding ways to improve the application kit. Suggestions could concern items such as the page limitations, appendix material, instructions for filling in items, structure of the scientific proposal, abstract, use of key words, and the applicant's professional associates and collaborators. Other areas of concern could be the personal data section, as well as the assurances that are requested of the applicant or applicant organization. Because of time constraints, these suggestions or comments must be received by April 19, 1990. Please send them to:

Dr. Patricia Straat
Chief of the Referral Section
Division of Research Grants
National Institutes of Health
Westwood Building, Room 248
Bethesda, MD 20892

NOTICES OF AVAILABILITY (RFPs AND RFAs)

EVALUATION IN PRIMATES OF CANDIDATE VACCINES FOR SIMIAN ACQUIRED IMMUNODEFICIENCY SYNDROME

RFP AVAILABLE: RFP-NIH-NIAID-DAIDS-91-05

P.T. 34; K.W. 0715008, 0740075, 0201058

National Institute of Allergy and Infectious Diseases

The National Institute of Allergy and Infectious Diseases (NIAID) has a requirement to establish simian immunodeficiency virus (SIV) vaccine evaluation units (SVEUs) that will conduct vaccine clinical trials on candidate SIV vaccines.

This NIAID-sponsored project will take approximately five (5) years to complete. A cost-reimbursement contract is anticipated and two (2) awards are expected to be made.

This is an announcement for an anticipated Request for Proposal (RFP). RFP-NIH-NIAID-DAIDS-91-05 shall be issued on or about April 10, 1990, with a closing date tentatively set for May 25, 1990.

Requests for the RFP shall be directed in writing to:

John M. O'Brien
Contract Management Branch
6003 Executive Blvd.
Control Data Building, Room 214P
National Institute of Allergy and Infectious Diseases
National Institutes of Health
Bethesda, MD 20892
Telephone: (301) 496-0195

To receive a copy of the RFP, please supply this office with two (2) self-addressed labels. All responsible sources may submit a proposal which will be considered.

This advertisement does not commit the Government to award a contract.

THE EFFECT OF SELF-APPLIED FLUORIDE ON THE INCIDENCE OF ROOT CARIES AND CORONAL CARIES IN AN ADULT POPULATION

RFP AVAILABLE: NIH-NIDR-2-90-4R

P.T. 34; K.W. 0715148, 0740000, 0411005

National Institute of Dental Research

The National Institute of Dental Research plans to issue a request for proposals (RFP) for a five-year clinical investigation to determine the effectiveness of selected self-applied therapeutic agents in reducing the incidence of root and coronal caries in an adult population residing in a suboptimal or non-fluoridated community. Participants must be selected with care, based upon relevant characteristics thought to be important factors in identifying adults at risk for coronal and, especially, root caries. Projected attrition levels of participants also must be considered in the selection of a suitable study population. The Institute plans to make one award from this solicitation.

RFP No. NIH-NIDR-2-90-4R will be available on approximately April 16, 1990, with a due date for proposals of June 8, 1990. Written requests for a copy of the RFP should be sent to:

Ms. Marion L. Blevins
Contract Management Section
National Institute of Dental Research
National Institutes of Health
Westwood Building, Room 521
Bethesda, MD 20892

PROGRAM PROJECTS ON AUTOIMMUNE MECHANISMS IN DISEASE

RFA AVAILABLE: AI-90-08

P.T. 34; K.W. 0715015, 0715026, 0755030, 0765033, 0710070, 0710030

National Institute of Allergy and Infectious Diseases

Letter of Intent Receipt Date: May 4, 1990
Application Receipt Date: July 10, 1990

BACKGROUND INFORMATION

The Clinical Immunology Branch of the Division of Allergy, Immunology and Transplantation (DAIT) of the National Institute of Allergy and Infectious Diseases (NIAID) supports research on humoral, cellular and molecular mechanisms of immune system functions in health and disease and the application of this basic biomedical knowledge to clinically relevant problems. This Request for Applications (RFA) is intended to encourage and invite the development of program project applications from collaborating basic science research and clinical investigative groups concerned with integrated studies on autoimmune mechanisms in disease.

RESEARCH GOALS AND SCOPE

Immune system mediated tissue injury (autoimmunity) is a major area of endeavor under the purview of the NIAID Clinical Immunology Branch. Within this specific research area, the goals of the program projects are: 1) increased understanding of the etiology and pathogenetic mechanisms involved in autoimmune diseases; and 2) the generation of an expanded knowledge base that can be applied to the development of improved measures of diagnosis, treatment, and prevention of a wide variety of disorders involving immunologically mediated inflammatory reactions.

The design and scope of these program projects are intended to include studies on all aspects of immune responses responsible for or associated with diseases involving tissue injury or damage in which a role for elements or functions of the immune system can be identified. Broad approaches to research on autoimmune mechanisms in disease may include studies concerned with relevant areas of genetics, cell and molecular biology, biochemistry, physiology, microbiology, and pharmacology.

Of special interest to NIAID are program projects with research emphasis in defined areas of investigation that show promise in elucidation of basic immune mechanisms and their application to clinical autoimmune disorders. Recent evidence implicates immune-mediated mechanisms in the pathogenesis of

diseases of the nervous system, skin, endocrine organs and gastrointestinal tract. Thus, in addition to studies of well recognized autoimmune diseases, e.g., systemic lupus erythematosus, rheumatoid arthritis, antibody-mediated thrombocytopenia and autoimmune hemolytic anemia, NIAID encourages investigators to design and develop studies aimed at clarifying the role of autoimmune mechanisms in endocrine, dermatologic, neurologic and gastrointestinal disorders.

The NIH places special emphasis on the need for inclusion of minorities and women in studies of diseases which disproportionately affect them and also urges that applicants give added attention, where feasible and appropriate, to their inclusion in other clinical studies. For proposed population-based studies which include neither women nor minorities, a clear rationale for not including them must be provided. In attempting to include either group in a particular study, attention must be paid to such issues as research design and sample size. For further information, consult the statements of NIH policy on the inclusion of minorities and women in study populations that appeared in the NIH Guide for Grants and Contracts. The issue dated September 25, 1987 (Vol. 16, No. 32, pp. 3-4), announced the policy on minorities; the one on women appeared in the issue dated January 23, 1987 (Vol. 16, No. 3).

MECHANISM OF SUPPORT

Program project grants are awarded to an institution on behalf of a program director for the support of a broadly based, multidisciplinary, long-term research program that has a specific major objective or basic theme. A program project generally involves the organized efforts of groups of investigators, members of which conduct research projects related to the overall program objective. The grant can provide support for the projects and for certain basic resources shared by individuals in the program project where the sharing facilitates the total research effort. Each project supported under a program project grant is expected to contribute to and be directly related to the common theme of the program; the projects under the direction of a principal investigator should demonstrate an essential element of unity and interdependence. In FY 1991 the NIAID plans to award at least two program project grants submitted in response to this RFA and, depending on availability of funds and scientific merit, more than two. Requests for support should be limited to no more than $500,000 direct costs per year.

ELIGIBILITY

ONLY DOMESTIC INSTITUTIONS ARE ELIGIBLE TO APPLY.

METHOD OF APPLYING

Applications may be submitted by any domestic public or private nonprofit or profit-making organizations. Before preparing an application, the prospective applicant should request a copy of the NIAID Information Brochure on Program Project and Center Grants from:

Kamal K. Mittal, D.V.M., Ph.D.
Executive Secretary
Allergy, Immunology and Transplantation Research Committee
National Institute of Allergy and Infectious Diseases
National Institutes of Health
Westwood Building, Room 3A-07
Bethesda, MD 20892
Telephone: (301) 496-3528

STAFF CONTACT

A more detailed RFA may be obtained from:

Howard B. Dickler, M.D.
Chief, Clinical Immunology Branch
Division of Allergy, Immunology and Transplantation
National Institute of Allergy and Infectious Disease
Westwood Building, Room 755
Bethesda, MD 20892
Telephone: (301) 496-7104
Telefax: (301) 402-0175

Prospective applicants are encouraged to submit a one-page letter of intent by May 4, 1990, to Dr. Mittal that includes a descriptive title of the overall proposed research, the name of the Principal Investigator and a list of the names of key investigators and their institution(s). The letter of intent is requested in order to provide an indication of the number and scope of applications to be reviewed so as to allow early preparations for review, as

well as to promote early interactions between applicants and NIAID staff. The letter of intent is not binding and does not commit the sender to submit an application, nor is it a requirement for submission of an application.

THE RFA LABEL AVAILABLE IN THE 10/88 REVISION OF APPLICATION FORM 398 MUST BE AFFIXED TO THE BOTTOM OF THE FACE PAGE. FAILURE TO USE THIS LABEL COULD RESULT IN DELAYED PROCESSING OF YOUR APPLICATION SUCH THAT IT MAY NOT REACH THE REVIEW COMMITTEE IN TIME FOR REVIEW.

COOPERATIVE AGREEMENT FOR A RESIDENTIAL DRUG ABUSE TREATMENT RESEARCH DEMONSTRATION PROGRAM IN THE DISTRICT OF COLUMBIA

RFA AVAILABLE: DA-90-12

P.T. 34; K.W. 0404009, 0403004

National Institute on Drug Abuse

Letter of Intent Receipt Date: May 12, 1990
Application Receipt Date: June 12, 1990

PURPOSE

The purpose of this Request for Applications (RFA) is to award a cooperative agreement to support a drug abuse treatment research demonstration program in the District of Columbia. This program will establish, test and evaluate the effectiveness of a drug abuse treatment approach based on short-term (i.e., 6 months duration) treatment in a therapeutic community followed by intensive aftercare in order to examine the effectiveness of this approach in particular diagnostic and patient/population subgroups. The District of Columbia was selected as the site for this model treatment research demonstration project because of the extent and intensity of the drug abuse problem, availability of clients, and because the combination of patient subgroups and types of drug abuse problems lends itself to a research demonstration project that may be able to be replicated in other parts of the country. As part of the National Drug Control Strategy, released in September 1989, Washington, D.C. was identified as the first site for a model drug treatment demonstration program.

This RFA is a joint initiative between the National Institute on Drug Abuse (NIDA) and the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) Office for Treatment Improvement (OTI). OTI was established to provide national leadership for the Federal effort to enhance approaches and programs focusing on the treatment of drug abusers as well as associated problems of alcoholism and mental illness.

Cooperative agreement awards will be made under the authority of section 301 of the Public Health Service Act (42 U.S.C. 241).

RESEARCH OBJECTIVES

This Cooperative Agreement will provide support for: (1) a 60-bed residential treatment facility offering a six-month residential treatment program followed by a six-month aftercare program; (2) a 20-bed crisis unit to be part of the facility; and (3) research and treatment costs associated with this program and comparison subjects assigned to other residential programs in the D.C. area. The crisis unit will provide short-term intervention for psychological or family crises and brief medical detoxification in selected cases but is not intended to handle medical emergencies. The research demonstration project will obtain patients through a Diagnostic, Referral, and Data Management Unit, to be established under a separate Cooperative Agreement (DA-90-11).

This demonstration project will evaluate the comparative effectiveness of this type of residential treatment for the types of drug abuse clients and problems that are found in the District of Columbia including psychiatric co-morbidity. The project will also seek to examine which services are essential components for achieving therapeutic outcomes for different types of clients/problems, as well as a number of sub-studies to evaluate such factors as diagnostic and treatment issues involving particular co-morbidities, and the predictive value of particular diagnostic subclassifications or instruments with particular types of clients and forms of services.

NIDA will provide space for this facility in a government-owned or leased building in Washington, D.C.

In FY 1990, it is estimated that $2.0 million to $2.5 million will be available to support one award under this RFA (including direct and indirect

costs). Applicants may request up to 3 years of support. Annual awards will be made subject to continued availability of funds and progress achieved.

MECHANISM OF SUPPORT: Cooperative Agreement

INCLUSION OF WOMEN IN STUDY POPULATIONS: Applicants are urged to consider the inclusion of women in the study populations for all clinical research efforts. Exceptions would be studies of diseases that exclusively affect males or where involvement of pregnant women may expose the fetus to undue risks. Gender differences should be noted and evaluated. If women are not to be included, a clear rationale should be provided for their exclusion.

In order to provide more precise information to the treatment community, it is recommended that publications resulting from ADAMHA-supported research in which the study population was limited to one sex for any reason other than that the disease or condition studies exclusively affects that sex, should state, in the abstract summary, the gender of the population studied, e.g., "male patients," "male volunteers," "female patients," "female volunteers."

INCLUSION OF MINORITIES IN STUDY POPULATIONS: Applicants are urged to give added attention (where feasible and appropriate) to the inclusion of minorities in study populations for research into the etiology of diseases, research in behavioral and social sciences, clinical studies of treatment and treatment outcomes, research on the dynamics of health care and its impact on disease, and appropriate interventions for disease prevention and health promotion. If minorities are not included in a given study, a clear rationale for their exclusion should be provided.

APPLICATION PROCESS

Applicants should use grant application form PHS 398 (Rev. 10/88). The number (DA-90-12) and title of this RFA, "Cooperative Agreement for a Residential Drug Abuse Treatment Research Demonstration Program in the District of Columbia," should be typed in item 2 on the face page of PHS 398 form. Applicants must affix the RFA label, which is provided in the PHS 398 application kit, to the bottom of the face page of the application. Failure to use this label could result in delayed processing of the application so that it may not reach the review committee in time for review.

Application kits containing the necessary forms may be obtained from business offices or offices of sponsored research at most universities, colleges, medical schools, and other major research facilities. If such a source is not available, the following office may be contacted for the necessary application material: Grants Management Branch, National Institute on Drug Abuse, 5600 Fishers Lane, Room 8A-54, Rockville, Maryland 20857, (301) 443-6710.

Prospective applicants are asked to submit a letter of intent. This should be brief but indicate the Principal Investigator and Co-Investigators, and should identify cooperating institutions, if any. The Institute requests such letters only for the purpose of providing an indication of the number and scope of applications to be received and, therefore, usually does not acknowledge their receipt. A letter of intent is not binding and will not enter into the review of any application subsequently submitted, nor is it a necessary requirement for applications. This letter of intent, which should be received by May 12, 1990, should be sent to:

Dr. Michael S. Backenheimer
Acting Director, Office of Extramural Program Review
National Institute of Drug Abuse
5600 Fishers Lane, Room 10-42
Rockville, MD 20857

The signed original and 5 permanent, legible copies of the completed application should be sent to:

Division of Research Grants
National Institutes of Health
Westwood Building, Room 240
Bethesda, MD 20892**

It is suggested that a copy of the application also be sent separately to Dr. Michael Backenheimer, at the address shown above, so that a timely review may be arranged.

REVIEW PROCESS

The Division of Research Grants, NIH, serves as a central point for receipt of applications for most discretionary PHS grant programs. Applications received

under this RFA will be assigned to an Initial Review Group (IRG) in accordance with established PHS Referral Guidelines. The IRGs, consisting primarily of non-Federal scientific and technical experts, will review the applications for scientific and technical merit. Notification of the review recommendations will be sent to the applicant after the initial review. Applications will receive a second-level review by the National Advisory Council on Drug Abuse whose review may be based on policy considerations as well as scientific merit. Only applications recommended for approval by the Council may be considered for funding.

INTERGOVERNMENTAL REVIEW

The intergovernmental review requirements of Executive Order 12372, as implemented through DHHS regulations at 45 CFR Part 100, are applicable to applications submitted in response to this RFA. Through this process, States, in consultation with local governments (or in this case, the D.C. Government), are provided the opportunity to review and comment on applications for Federal financial assistance. Applicants should contact the District of Columbia Single Point of Contact (SPOC) listed below as early as possible to determine the applicable procedure: Ms. Lovetta Davis, D.C. State Single Point of Contact, Executive Office of the Mayor, Office of Intergovernmental Relations, Room 416, District Building, 1350 Pennsylvania Avenue, N.W., Washington, D.C. 20004, Telephone: (202) 727-9111.

AVAILABILITY OF FUNDS

In FY 1990, it is estimated that $2.0 million to $2.5 million will be available to support one award under this RFA (including direct and indirect costs).

INQUIRIES

Further information about this project may be obtained from:

Frank M. Tims, Ph.D.
Deputy Chief, Treatment Research Branch
Division of Clinical Research, NIDA
5600 Fishers Lane, Room 10A-30
Rockville, MD 20857
Telephone: (301) 443-4060

CANCER PREVENTION AND CLINICAL RESEARCH IN UNDER-SERVED POPULATIONS

RFA AVAILABLE: CA-90-14

P.T. 34, FF; K.W. 0715035, 0785035, 0745027, 0745035, 0795003, 0710030

National Cancer Institute

Letter of Intent Receipt Date: May 15, 1990
Application Receipt Date: August 8, 1990

The Special Populations Studies Branch of the Division of Cancer Prevention and Control, National Cancer Institute (NCI), announces the availability of a Request for Applications (RFA) on the above subject. Awards will not be made to foreign institutions.

The Division of Cancer Prevention and Control (DCPC), NCI, invites grant applications from investigators interested in conducting a coordinated and systematic program in cancer prevention and clinical research for under-served populations. The term "under-served populations" refers to those population segments that may experience, or are known to experience, higher than average U.S. general population cancer rates and are under-served in terms of access to quality comprehensive cancer prevention, screening and early detection, and treatment services.

The goal of a cancer control and prevention research program for under-served populations is to provide a mechanism to allow the implementation of a systematic and coordinated research effort to reduce cancer incidence, mortality and to improve survival rates in under-served low-income high-risk populations. By rapid dissemination of state-of-the-art cancer prevention and control technology a significant effect can be achieved in reducing cancer mortality in minority and under-served patients through increased accrual to clinical trials and participation in screening and early detection programs.

The term "under-served populations" refers to those population segments that may experience, or are known to experience, higher than U.S. general

population cancer rates and are under-served in terms of access to quality comprehensive cancer prevention, screening and early detection, and treatment services. Under-served populations may include, but are not limited to, groups with concentrations of individuals with low-income, Blacks, Hispanics, Asian refugees, American Indians, elderly, Hawaiian Natives, and Alaskan Natives. They may also include communities where comprehensive cancer services are unavailable whether the communities are in urban centers or in rural areas. Consideration should be given to an adequate representation of women within these groups.

Requests for copies of the RFA should be addressed to:

Chief
Special Populations Studies Branch
Division of Cancer Prevention and Control
National Cancer Institute
Executive Plaza North (EPN), Room 240
9000 Rockville Pike
Bethesda, MD 20892-4200
Telephone: (301) 496-8589

BEHAVIORAL RESEARCH IN SUPPORT OF AIDS PREVENTION

RFA AVAILABLE: NR-90-02

P.T. 34; K.W. 0715008, 0404000, 0745027, 0411005, 0404009

National Institutes of Health

Application Receipt Date: July 10, 1990

Purpose

The Agency for International Development (A.I.D), the National Center for Nursing Research (NCNR), the National Institute on Aging (NIA), and the National Institute of Child Health and Human Development (NICHD), in consultation with the National Institutes of Health Office of AIDS Research (OAR) and the Fogarty International Center (FIC), invite applications for basic research projects that will provide information concerning high-risk behaviors and behavioral changes relating to the transmission of Human Immunodeficiency Virus (HIV) throughout the life course; and strengthen developing-country capabilities to design and carry out behavioral research to reduce transmission of Human Immunodeficiency Virus (HIV) infection.

SCOPE

Research under this Request for Applications (RFA) should be theoretically grounded and conducted in collaboration with developing country counterparts. Research areas include: studies of multiple-partner behavior which would help to define the determinants, frequency, and distribution of such behavior and identify those aspects of the behavior that are most amenable to sustainable change; studies of intravenous drug use that would help to define the context of drug use, particularly with respect to needle-sharing behaviors, and the relationships between drug use and sexual transmission; studies of use of condoms and/or spermicides for AIDS prevention that would define attitudes and practices related to such use, particularly in various cultural contexts; and studies of cultural practices that may enhance the risk of sexual transmission, alter the protection offered by condoms, or may affect the ability to sustain risk-reducing behaviors. Studies should seek to identify approaches to behavior change.

Study populations should include those most likely to be practicing high-risk behaviors in selected developing countries including individuals with multiple sexual partners, intravenous drug users and their sexual and needle-sharing partners, sexual partners of persons receiving contaminated blood or blood products, patients from sexually transmitted disease clinics, or others whose behaviors place them at high risk for sexually transmitting HIV infection or becoming infected. Research to identify other undefined risk groups and related behaviors should be included. Where feasible and appropriate, attempts should be made to insure that study populations include the full spectrum of HIV-infected individuals of the specific culture where the study is proposed.

Studies are encouraged that incorporate innovative research methods such as improvements in methods for assessing behavioral determinants, for monitoring patterns of risk behavior and behavior change, for collecting and validating self-reported behavioral data, and for evaluating the effectiveness of intervention activities.

The projects will be single projects that consist of activities to take place in two phases. Phase I will consist of a preliminary feasibility study for the larger body of work to be undertaken in Phase II. It is expected that Phase I funding will be for up to 12 months, and Phase II funding will be for up to three additional years. Each Phase should have well-defined goals, objectives, and outputs. Awardees will develop a working relationship with a developing country counterpart during Phase I and will also establish the technical and scientific feasibility of successful completion of the entire project.

MECHANISM AND SCALE OF SUPPORT

Support for this program will be divided by phase. Phase I will be funded by A.I.D. through Family Health International (FHI), and support for Phase II will be either by grants from the Institutes or Centers of the National Institutes of Health (NIH) or by A.I.D. through FHI. Awards made by the NIH will be administered under PHS grants policy as stated in the Public Health Service Grants Policy Statement, DHHS Publication No. (OASH) 82-50,000, revised January 1, 1987.

It is not expected that all of the awarded Phase I studies will be extended into Phase II. Extension will be based on success in Phase I; review procedures and criteria for extension are described in the RFA. Funding of Phase II studies will also be based on programmatic relevance to a particular funding agency.

Up to approximately six pilot studies in Phase I will be funded ($50,000 to $85,000 of total costs for up to 12 months). The anticipated funding level for Phase II for those studies approved for continuation is $150,000 to $200,000 per year for up to three additional years for total (direct and indirect) costs. It is expected that up to six Phase II projects will be funded. All awards under this RFA are contingent on the availability of funds, and the specific amount to be awarded will depend on the merit and scope of the applications received.

APPLICATION

Applicants should submit a single proposal fully describing research activities for both Phase I and Phase II. Potential applicants are advised to obtain the full RFA and an application package from:

Ms. Nancy Hardy
Family Health International
1611 N. Kent Street
Suite 903
Rosslyn, VA 22209-2169
Telephone: (703) 243-8510

PERINATAL BEHAVIORAL DEVELOPMENT

RFA AVAILABLE: 90-HD/MH-08

P.T. 34; K.W. 0715020, 0775000, 0414012, 0404004, 0755020

National Institute of Child Health and Human Development
National Institute of Mental Health

Application Receipt Date: July 31, 1990

The Human Learning and Behavior Branch of the Center for Research for Mothers and Children of the National Institute of Child Health and Human Development (NICHD), National Institutes of Health (NIH), and the Behavioral Sciences Research Branch of the Division of Basic Brain and Behavioral Sciences of the National Institute of Mental Health (NIMH), Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA), jointly invite investigator-initiated research applications (R01) to develop new methods, theories, and knowledge on aspects of behavioral development during the perinatal period. The aim is to encourage psychobiological studies, theoretically or empirically based, on the ontogeny of behavior (e.g., learning, memory, motivation, attachment, and sensorimotor functioning) during the prenatal and early postnatal periods. Major foci are upon the use of animal models and interdisciplinary methodological approaches. Selected studies of human perinates will also be considered. Up to six applications may be funded in connection with this Request for Applications (RFA).

This program is described in the Catalogue of Domestic Assistance number 13.865, Research for Mothers and Children and 13.242, Division of Basic Brain

and Behavioral Sciences. Awards will be made under the authority of the Public Health Service Act, Title II, Section 301 (Public Law 78-410, as amended; 42 USC 241) and administered under PAS grant policies and Federal Regulations 42 CRF part 52 and 45 CRF 74. This program is not subject to the intergovernmental review requirements of Executive order 12372 or Health Systems Agency Review.

Inquiries should be directed to:

Norman A. Krasnegor, Ph.D.
Chief, Human Learning and Behavior Branch
National Institute of Child Health and Human Development
Executive Plaza North, Room 633
9000 Rockville Pike
Bethesda, MD 20892
Telephone: (301) 496-6591

OR

Rodney Cocking, Ph.D.
Acting Chief, Behavioral Sciences Research Branch
National Institute of Mental Health
Parklawn Building, Room 11C10
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-3566

ONGOING PROGRAM ANNOUNCEMENTS

ADAMHA SMALL INSTRUMENTATION GRANT PROGRAM

P.T. 18; K.W. 0735000

Alcohol, Drug Abuse, and Mental Health Administration

Application Receipt Date: June 1, 1990

The Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) is announcing the second year of the ADAMHA Small Instrumentation Program (ASIP). These grants reauthorized by Congress for FY 1990 in Section 501(m) of the Public Health Service Act, as added to by P.L. 100-690, in response to findings that much of the research instrumentation in the Nation's principal universities is either obsolete or poorly maintained. These findings, documented in several reports, identified the need for upgrading equipment currently in use. The most significant need was for relatively low-cost pieces of equipment. To address this problem, ADAMHA established the Small Instrumentation Program in FY 1989. Awards are made under authority of Titles III and V of the PHS Act as amended. Funds will be provided to research-intensive institutions currently receiving ADAMHA research support. The ASIP is not intended to replace requests for equipment in applications for individual research projects. Rather, it is intended to help fund items of equipment that are difficult to justify within the context of an individual research project but that will upgrade the institution's research infrastructure.

The ADAMHA program has a similar purpose to the National Institutes of Health Small Instrumentation Program but will operate separately and under slightly different guidelines because of differences in the infrastructure support mechanisms available to the two agencies.

The ADAMHA program will be funded in FY 1990 at $2,790,000. The program provides awards ranging from $20,000 to $100,000 to eligible institutions. Eligible institutions are those that had five or more active ADAMHA research or career grants awarded in FY 1989. At least one of the awards must be from the following types of developmental awards: R03, R23, R29, K07, K08, K11, K20. The remaining awards may be from this list of grant mechanisms or may be R01 or R37 grants to make the total of five grant awards needed for eligibility. The amount for which your institution may apply was calculated by a formula based on the $2,790,000 available for the program this year and on the number of ADAMHA-sponsored awards in the eligible mechanisms at your institution. Each eligible institution may submit ONLY ONE application that incorporates all appropriate equipment requests from that institution. Thus, it is essential that institutional officials publicize the availability of ASIP funds so that ADAMHA-supported investigators in need of small research instruments are provided the opportunity to indicate their needs for such equipment to the appropriate institutional official.

The equipment requested must be available for use by more than one project either currently or in the future. The primary user(s) of the equipment must be one or more principal investigators of active ADAMHA-supported research grants, and the specific projects must be cited in the application. Institutions are strongly urged to include the listed career developmental projects (i.e., all those other than R01 and R37 grants) in the use of the equipment. No indirect costs will be provided and there will be no future year funding commitment. The requested funds may be for full or partial support of one or more pieces of equipment. In no case, however, may the total purchase price of a requested piece of equipment be less than $5,000 or more than $100,000 regardless of the source(s) of funding. If the total dollar amount of proposed equipment purchases exceeds the amount for which the institution is eligible, a statement must be submitted which indicates that the institution will provide the difference. Support from this program cannot be used to purchase items exceeding $100,000 in cost even if costs are shared. The equipment purchased must be the same as that specified in the ASIP application.

Applications must be received by June 1, 1990. Detailed application procedures have been sent to eligible institutions. Applications will be peer reviewed by a single ADAMHA-wide committee. The review criteria are: Degree of adherence to the terms of the letter of eligibility and adequacy of the justification provided for the equipment requested. The reviewers will determine whether or not the application is recommended for approval; no priority scores will be voted. Applications will be assigned to individual ADAMHA Institutes for consideration by their National Advisory Councils and for funding. The Institutes expect to make the awards in September.

Questions concerning this program may be directed to any of the following persons:

Dr. Leslie Isaki
Division of Basic Research
National Institute on Alcohol Abuse and Alcoholism
Room 14C-20
Telephone: (301) 443-4223

Dr. Stephen Szara
Division of Preclinical Research
National Institute on Drug Abuse
Room 10A-31
Telephone: (301) 443-6300

Mr. James Moynihan
Division of Basic Brain and Behavioral Sciences
National Institute of Mental Health
Room 11-95
Telephone: (301) 443-3107

The mailing address for the above individuals is:

5600 Fishers Lane
Rockville, MD 20857

SPECIAL EMPHASIS RESEARCH CAREER AWARD IN LABORATORY ANIMAL SCIENCE

P.T. 34; K.W. 0201058, 1002027, 0765035, 1002019, 0710070, 1003002

National Center for Research Resources

Application Receipt Date: June 1, 1990

This is to announce some modifications and clarifications to the guidelines for the Special Emphasis Research Career Award (SERCA) in Laboratory Animal Sciences, most recently announced by the National Center for Research Resources (formerly Division of Research Resources) in 1989. A summary of these changes is given below. Note that there is a single receipt date.

AREAS OF CHANGE

1. The requirement for prior training/experience has been increased.

2. An applicant may be enrolled in Ph.D. program.

3. Activities should be focused on a specific research area.

4. The applicant may not have been designated previously as a Principal Investigator on any research project supported by sources outside his/her institution.

5. The major advisor and laboratory should be different for pre-versus post-Ph.D. activities.

6. Specific criteria for review have been included.

ADMINISTRATIVE REQUIREMENTS. The SERCA award is a five-year, nontransferable, non-renewable award. The maximum salary from this award may not exceed $40,000 a year. Fringe benefits from the award will be based on the salary awarded by NIH. Salary supplements are allowable but may not be made from other Federal sources. The applicant must agree to devote at least 75 percent effort to research. Research support may be requested up to the amount of $8,000 per year for the first three years and $15,000 per year for the last two years. The applicant must agree to keep the Animal Resources Program (ARP), National Center for Research Resources (NCRR), National Institutes of Health (NIH), informed of his/her research and training activities for a period of five years following completion of this support.

APPLICANT ELIGIBILITY REQUIREMENTS. The applicant must hold a degree in veterinary medicine (D.V.M., V.M.D., or equivalent); be a U.S. citizen, noncitizen U.S. national, or a noncitizen who has been admitted to the U.S. for permanent residence; and have at least three years of post-D.V.M. experience that includes the equivalent of at least two years of full-time (80 percent FTE) training and/or experience in clinical laboratory animal medicine or comparative pathology in an institution engaged in biomedical investigation. The SERCA should not be considered as a mechanism to obtain the Ph.D. degree. However, the research performed under the SERCA may be used to satisfy the thesis requirements for a Ph.D. degree after the qualifying examination has been passed. The applicant may not have been a PI on any research project supported by sources from outside his/her institution.

PROGRAM REQUIREMENTS. The applicant must propose a senior scientist, with experience in post-doctoral training, as an advisor to guide the first three years of the award period. The advisor must agree to be available to counsel, advise, and monitor the applicant's research at frequent intervals. In addition, three letters of reference are required from investigators in the applicant's field of scientific interest or in a closely related field. Different advisors for pre- and post- Ph.D. work should be identified.

In the initial application, the applicant and advisor should describe an overall concept or research hypothesis that will be the focus of the award and provide the framework around which the desired training will be obtained. A specific, detailed plan for enhancing the applicant's research skills during the first three years of the award and a well developed outline of a meritorious research program for the final two years of the award must be included. As part of the annual progress report for the 03 year, the awardee must provide a detailed research plan for the last two years (years 04 and 05). This proposal will be evaluated for scientific merit. This evaluation, along with the progress made throughout the initial three-year period, will be used to determine the applicant's eligibility for continued funding for the fourth and fifth years.

CRITERIA FOR REVIEW. In the review of the application for scientific merit, particular attention will be given to the candidate's prior training and experience, career potential, research career development plans, proposed research, environment, reference reports, and other relevant information. The application must clearly demonstrate that the award will enhance the candidate's development as an independent investigator.

A letter of interest to the Branch Director, outlining the applicant's training, research interests, and proposed SERCA program, is not a prerequisite for applying but is encouraged. June 1 will be the only application receipt date. Detailed background information and application procedures may be obtained from:

Director
Laboratory Animal Sciences Branch, ARP
National Center for Research Resources
National Institutes of Health
Westwood Building, Room 857
5333 Westbard Avenue
Bethesda, MD 20892
Telephone: (301) 496-5175

This program is described in the Catalog of Federal Domestic Assistance No. 13.306, Laboratory Animal Sciences and Primate Research. Awards will be made under the authority of the Public Health Service Act, Title III, Section 301 (Public Law 78-410, as amended; 42 USC 241) and administered under PHS grant policies and Federal Regulations 42 CFR Part 52, and 45 CFR Part 74. This program is not subject to the intergovernmental review requirements of Executive Order 12372 or Health Systems Agency review.

NEUROENDOCRINOLOGY OF HUMAN STRESS

P.T. 34; K.W. 0785105, 0715195, 0710085, 1002008, 1002004, 1002021, 0710070

National Institute of Diabetes, Digestive and Kidney Diseases

PURPOSE

The National Institute of Diabetes, Digestive and Kidney Diseases (NIDDK) invites investigator-initiated research grant applications (R01) to advance understanding of the interaction of endocrine, central nervous system (CNS), and immunological response(s) to stress.

DISCIPLINES AND EXPERTISE

Interdisciplinary approaches may be needed for this study with expertise required in several of the following areas: neuroendocrinology, cell and molecular biology, histology, neurophysiology, immunology, and peptide and/or steroid biochemistry.

BACKGROUND

Corticotropin releasing factor (CRF) is the hypothalamic hormone responsible for stimulating the release of pituitary preopiomelanocortin (POMC)-derived neuropeptides, including ACTH and B-endorphin. In addition to its well-known role in initiating hypothalamic-pituitary-adrenal (HPA) axis responses to acute stress and modulating long-term adaptation to chronic stress, CRF has been found to act within other areas of the CNS to modulate behaviors associated with the response and adaptation to stress. It has been suggested that CRF acts to integrate the overall interrelated endocrine, neural, and behavioral responses to stress. In addition, there is preliminary, but provocative evidence for bidirectional communication between the immune, endocrine, and central nervous systems mediated by peptide hormones and receptors common to these systems. A variety of neural cells secrete interleukins and growth factors, with neuronal cell growth and proliferation regulated by these monokines and growth factors. More recently evidence has been presented that lymphocytes produce neuropeptides including endorphins, enkephalins, vasoactive intestinal peptide (VIP), substance P and corticotropin, although the physiological significance of this capability has yet to be established. These cells also express receptors for neuropeptides and respond to these hormones. The same peptides may regulate production of corticotropin in lymphocytes and in the pituitary. Therefore, one element of the immune system's response to stresses, such as infection, inflammation, toxins, tumors, trauma and possibly psychological stress, may involve activation of the HPA axis at multiple levels. It has become apparent that acute infection acts via CRF in initiating activation of the neuroendocrine system as part of the response to this stress. Recent information indicates that immune system cytokines, including IL (interluekin)-1, IL-2, thymosin, and thymopoietin, interact at central hypothalamic and/or anterior pituitary sites to regulate release of ACTH with consequent effects on adrenal glucocorticoid release. These data have been interpreted to suggest that cytokine action at the level of CRF release links the acute response to inflammation to the stress response. Many questions remain, including that of the cellular and molecular mechanisms of action of CRF on CNS centers and the role(s) and mechanism of action of immune effectors on the HPA axis and vice versa. Finally, demonstration of a clear biological role for the interrelationship between the neuroendocrine and immune systems remains to be established.

OBJECTIVES

This solicitation is intended to stimulate research: 1) that will result in new understandings of the role of CRF in modulation of the neuroendocrine and behavioral responses to stress; and 2) into the interaction between the immune system and the neuroendocrine system in mediating the endocrine response to acute and chronic stress.

SCOPE

Some examples of research topics that would be considered responsive to this solicitation include the following:

- studies of the central nervous system effects of CRF, including identification of the cellular and neuronal centers/networks that are part of the response(s) to CRF.
- regulation of CRF production and/or release by neuropeptides and/or immune effectors.
- identification of the specific cells in the hypothalamus and/or anterior pituitary that respond to immune effectors and the role of CRF and other neuropeptides in modulating the responses of these cells.
- elucidation of the mechanism(s) of response, including receptors involved, signal transduction pathways, and cytoplasmic and/or nuclear responses of the target cells.
- effects of neuropeptides and immune cell effectors on POMC-derived peptide release from the pituitary.
- effects of CRF, ACTH, or adrenal glucocorticoids on immune effector cell production and/or release of modulators.
- identification of the neuropeptides produced in the immune system, as well as characterization of neuropeptide effects on the immune system and lymphocytic functions.
- establishment of the functional significance of CNS and neuroendocrine involvement in modulation of the immune system and vice versa.

These areas of interest are not listed in any order or priority. They are only suggested examples of areas of research. Applicants are encouraged to propose other areas which are related to the objectives and scope described above.

MECHANISM OF SUPPORT

The mechanism of support for this program will be the grant-in-aid. The regulations (Code of Federal Regulation, Title 42, Part 52 and, as applicable to the state and local governments, Title 45, Part 74) and policies which govern the research grant programs of the National Institutes of Health will prevail. Although this solicitation is included in the sponsoring Institute's funding plans for Fiscal Year 1991, support for this solicitation is contingent upon receipt of appropriated funds for this purpose. Since a variety of approaches would represent valid responses to this solicitation, it is anticipated that there will be a range of costs among individual grants awarded. With respect to post-award administration, the current policies and requirements that govern the regular research grant programs of the NIH will prevail.

REVIEW PROCEDURES AND CRITERIA

Assignment of Applications

Applications will be received by the NIH, Division of Research Grants (DRG), referred to an appropriate Initial Review Group (IRG) for scientific merit review, and assigned to individual Institutes for possible funding. Referral decisions will be governed by normal programmatic considerations as specified in the Referral Guidelines of the NIH, DRG. Some applications may receive dual assignment.

Review Procedures

Applications in response to this solicitation will be reviewed on a nationwide basis in accord with the usual NIH peer review procedures. Applications will first be reviewed for scientific and technical merit by an IRG composed primarily of non-federal scientific consultants, and then by the National Advisory Council of the appropriate Institute(s). The review criteria customarily employed by the NIH for regular research grant applications will prevail.

Review Criteria

The factors to be considered in the evaluation of scientific merit of each application will be those used in the review of traditional research project grant applications, including the novelty, originality, and feasibility of the approach; the training, experience, and research competence of the investigator(s); the adequacy of the experimental design; the suitability of the facilities; and the appropriateness of the requested budget to the work proposed.

METHOD OF APPLYING

Format for Applications

Applications should be submitted on form PHS 398 (rev. 10/88), which is available from an applicant institution's Office of Sponsored Research or from the NIH, DRG. Use the conventional format for research project grant applications and ensure that the points identified in this Program Announcement (PA) in the section on "Review Procedures and Criteria" are fulfilled. To identify the application as a response to this PA, check "yes" on item two of page one of the application and enter the title "Neuroendocrinology of Human Stress."

Deadline

Applications will be accepted in accordance with the announced receipt dates for new applications (see receipt dates and review schedule in application kits).

Application Procedure

The original and six copies of the application should be sent or delivered to:

Application Receipt
Division of Research Grants
National Institutes of Health
Westwood Building, Room 240
Bethesda, MD 20892**

Inquiries

For further information, investigators are encouraged to contact:

Ronald N. Margolis, Ph.D.
Director, Endocrinology Research Program
Division of Diabetes, Endocrinology, and Metabolic Diseases
NIDDK/NIH
Westwood Bldg., Room 605
Bethesda, MD 20892
Telephone: (301) 496-7504

This program is described in the Catalog of Federal Domestic Assistance 13.846, Arthritis, Bone and Skin Diseases Research and No. 13.847, Diabetes, Endocrinology, and Metabolism, No. 13.855. Awards will be made under the authority of the Public Health Service Act, Title III, Section 301 (Public Law 78-410, as amended; 42 USC 241) and administered under PHS grant policies and Federal Regulations 42 CFR part 52 and 45 CFR Part 74. This program is not subject to the intergovernmental review requirements of Executive Order 12372 or Health Systems Agency Review.

ERRATUM

NOTICE OF SOLICITATION OF PUBLIC COMMENTS FOR THE NATIONAL PANEL FOR RESEARCH IN NEUROLOGICAL DISORDERS

P.T. 42; K.W. 0715138, 0705010, 1002030, 0710030

National Institute of Neurological Disorders and Stroke

This notice, as published in the NIH Guide for Grants and Contracts on March 23, 1990, Vol. 19, No. 12, contained an incorrect telephone number. The following is the correct information:

Ms. Johanna McDonough
Telephone: (301) 986-4870

*U.S.GOVERNMENT PRINTING OFFICE:1990-261-138:00043