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. 20, No. 26
July 5, 1991

NIH GUIDE - Vol. 20, No. 26, July 5, 1991

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NOTICES

ELIGIBILITY REQUIREMENTS FOR FOGARTY INTERNATIONAL CENTER FELLOWSHIPS

P.T. 22; K.W. 0720005, 1014006

Fogarty International Center

The Fogarty International Center (FIC) announces a change in eligibility requirements for all of the FIC-sponsored fellowship programs. FIC, in line with other NIH fellowship programs, now requires that all fellowship recipients hold the doctoral level degree (e.g., Ph.D., M.D., D.D.S., D.V.M., and O.D.) prior to award of the fellowship that is usually made within nine months of submission. The previous requirement stated that the degree must have been obtained prior to submission of the fellowship application. This notice applies to all applicants for fellowships sponsored by the FIC and is effective as of the date of this publication.

DISCONTINUATION OF THE SPONSOR'S SALARY ON PHYSICIAN SCIENTIST AWARDS AND PHYSICIAN SCIENTIST PROGRAM AWARDS

P.T. 34; K.W. 1014006

National Institutes of Health

The National Institutes of Health (NIH) will discontinue payment of the sponsor's salary on competing Physician Scientist (K11) and Physician Scientist Program (K12) awards beginning with awards from fiscal year 1992 funds.

Initial review groups will be advised to disregard requests for a sponsor's salary in Physician Scientist Award applications submitted for the February 1 and June 1, 1991 receipt dates. Applications for Physician Scientist Awards submitted for the October 1, 1991 and subsequent receipt dates may not contain a request for the sponsor's salary.

The NIH will continue to pay existing commitments regarding the sponsor's salary on K11 and K12 awards made before fiscal year 1992.

NOTICES OF AVAILABILITY (RFPs AND RFAs)

STUDIES TO EVALUATE THE TOXIC AND CARCINOGENIC POTENTIAL OF 60 Hz MAGNETIC FIELDS IN LABORATORY ANIMALS

RFP AVAILABLE: NIH-ES-92-11

P.T. 34; K.W. 1007009, 1013026, 0715035

National Institute of Environmental Health Sciences

The National Institute of Environmental Health Sciences (NIEHS), National Institutes of Health (NIH), is soliciting proposals for studies designed to characterize the toxicity and carcinogenicity of 60 Hz sinusoidal magnetic fields in Fischer 344 rats and B6C3F1 mice, to determine if such fields alter pineal function, and to determine if such fields cause developmental or reproductive toxicity. This project will be separated into two phases. Phase 1 will be a six-month period comprised only of those work activities associated with procurement of equipment and materials needed to construct the exposure and monitoring systems, the construction/renovation of the exposure and monitoring systems, and the developmental effort needed to determine that the systems function appropriately and will meet the National Toxicology Program specifications. The government will evaluate the results of Phase 1 and may exercise an option for Phase 2 requirements. Phase 2 will be a four-year, six-month period involving the conduct of eight-week and 104-week studies in which animals will be exposed to magnetic fields of specified intensities using the exposure system developed in Phase 1. The Government estimates that Phase 1 will require approximately .67 professional person-years of effort and .48 technical person-years of effort. Phase 2 will require approximately 5.8 professional person-years of effort and 20.1 technical person-years of effort. All responsible sources may submit a proposal that shall be considered by the Agency.

The Request for Proposals NIH-ES-92-11 will be issued on July 15. Responses will be due by close of business September 13. NIEHS plans to make one award from this solicitation.

Requests for the Request for Proposals must reference RFP NIH-ES-92-11 and must be forwarded to:

National Institute of Environmental Health Sciences
Contracts and Procurement Management Branch, OM
ATTN: Ms. Mary B. Armstead, Contracting Officer
79 T.W. Alexander Drive, 4401 Research Commons Building
P.O. Box 12874
Research Triangle Park, NC 27709
Telephone: (919) 541-7893

FAMILY AND GENETICS STUDIES OF CARDIOVASCULAR DISEASE - FIELD CENTERS

RFP AVAILABLE: NHLBI-HC-91-08

P.T. 34; K.W. 0715035, 1002019, 0411005

National Heart, Lung, and Blood Institute

The National Heart, Lung, and Blood Institute (NHLBI) requires three to five field centers to initiate a family and genetic study of cardiovascular disease (CVD) within existing United States population based epidemiological studies. The centers will have a total of approximately 6000 participants. Centers in the areas of ultrasound, electrocardiography, and pulmonary function are anticipated within the field centers' solicitation. The objective of the proposed contract is to identify and evaluate genetic and nongenetic determinants of familial aggregation of cardiovascular disease and risk factors. The period of performance is anticipated for four years beginning in January 1992.

This is an announcement of the availability of a Request for Proposals (RFP). RFP NHLBI-HC-91-08 will be available on or about July 8, 1991, with proposals due September 9, 1991. Three to five awards are anticipated by the Government. Offerors other than U.S. institutions will not be considered. Written requests for this RFP must include three (3) mailing labels, self-addressed, and must cite RFP NHLBI-HC-91-08.

Requests for copies of the RFP must be sent to:

Lisa O'Neill
Contracts Specialist for
ECA Contracts Section
National Heart, Lung, and Blood Institute
Federal Building, Room 200
Bethesda, MD 20892

FAMILY AND GENETICS STUDIES OF CARDIOVASCULAR DISEASE - BLOOD LABORATORY

RFP AVAILABLE: NHLBI-HC-91-09

P.T. 34; K.W. 0715035, 1002019, 0411005, 0750010

National Heart, Lung, and Blood Institute

The National Heart, Lung, and Blood Institute (NHLBI) requires a central blood laboratory to perform tests and measurements on approximately 6000 participants involved in a family and genetic study of cardiovascular disease (CVD) in existing United States population based epidemiological studies. The blood tests to be performed are: cholesterol, HDL-cholesterol, triglycerides, apolipoproteins phenotypes, Lp(a), fibrinogen, factor VII activity, PAI-1, chemistries (urea, uric acid, creatinine), homocysteine, insulin, glucose, renin, RBC, Li/Na countertransport, and hematology. The white cells and plasma are to be stored for later molecular genetic studies. The period of performance is anticipated to be for three years, nine months beginning March 1992.

This is an announcement of the availability of a Request for Proposals (RFP). RFP NHLBI-HC-91-09 will be available on or about July 17, 1991, with proposals due September 9, 1991. One award is anticipated by the Government. Offerors other than U.S. institutions will not be considered. Written requests must include three (3) mailing labels, self-addressed, and must cite RFP NHLBI-HC-91-09.

Requests for copies of the RFP must be sent to:

Lisa O'Neill
Contracts Specialist for
ECA Contracts Section
National Heart, Lung, and Blood Institute
Federal Building, Room 200
Bethesda, MD 20892

SPEECH PROCESSORS FOR AUDITORY PROSTHESES

RFP AVAILABLE: NIH-NIDCD-91-02

P.T. 34; K.W. 0775005, 0740060, 0740030

National Institute on Deafness and Other Communication Disorders

The National Institute of Deafness and Other Communication Disorders (NIDCD) has a requirement for the continued design, development, and evaluation of speech processors for use with implanted auditory prostheses in deaf humans.

The NIDCD supports research and development on auditory prostheses for deaf individuals. An essential component of all auditory prostheses is the speech processor whose function is to convert the wideband electrical signal from the microphone to an information condensed signal or set of signals for driving the individual electrical implant stimulators in a manner to optimize speech recognition by the implant user. At the present time there are several different types of single and multichannel auditory prostheses being used in human subjects. These include both monaural and binaural cochlear implants as well as cochlear nucleus implants. Since optimal speech processor design depends, among other things, upon both the implanted electrode design and the remaining auditory nervous system of the individual, it is important in designing speech processors to do so for specific implant designs and to test them with a representative cross section of users.

The NIDCD is currently supporting two different speech processor contracts to ensure access to a sufficient number of subjects with each of the major auditory prostheses implant designs. Only a few of the promising speech processing strategies have been investigated, and most of this evaluation has been in low background noise environments. Work needs to be extended to permit the testing and evaluation of additional speech processing techniques in previously implanted patients under a range of signal-to-noise conditions.

This requirement represents a recompetition of work currently being performed under contracts with Research Triangle Institute and The University of Melbourne, Contract Nos. NO1-DC-9-2400 and NO1-DC-9-2401, respectively. It is expected that the incumbent contractors will recompete.

The contractor will be required to come to Bethesda, Maryland, yearly to present progress on their work at the Neural Prosthesis Workshop sponsored by the Neural Prosthesis Program.

Multiple awards may be made, each with performance periods not exceeding three years.

This is not a Request for Proposals. RFP No. NIH-NIDCD-91-02 will be issued on or about July 5, 1991, with responses due on or about September 30, 1991.

To receive a copy of the RFP, please submit a written request to the following address and supply this office with two self-addressed mailing labels:

Contracting Officer
Contracts Management Branch, DEA
National Institute of Neurological Disorders and Stroke
Federal Building, Room 901
7550 Wisconsin Avenue
Bethesda, MD 20892
Attention: RFP No. NIH-NIDCD-91-02

All responsible sources may submit a proposal that shall be considered by the Government.

STRUCTURAL BIOLOGY AS APPLIED TO THE PROBLEM OF TARGETED DRUG DESIGN, WITH POTENTIAL APPLICABILITY TO THE TREATMENT OF AIDS

RFA AVAILABLE: GM-91-02

P.T. 34; K.W. 0715008, 0755025, 0790015

National Institute of General Medical Sciences

Application Receipt Date: March 18, 1992

PURPOSE

The National Institutes of Health (NIH) announces its interest in receiving applications to apply modern techniques of molecular structure determination and analysis for the purpose of developing new approaches to drug design, with potential applicability to the treatment of HIV infection and AIDS. However, innovative approaches to the problem of drug design using other appropriate systems will be welcomed.

BACKGROUND

In 1987, the National Institutes of General Medical Sciences (NIGMS) initiated a program to support groups interested in developing the area of structure-based drug design with specific emphasis on the use of AIDS-related systems. The structures of several proteins, such as the HIV protease, RNaseH, and the CD4 receptor have now been determined, and more will soon become available. Using these structures, and supported by both the NIGMS and other funding programs, efforts are now under way in many laboratories to design drugs effective in the treatment of HIV infection and AIDS. At NIH, structural biology studies are primarily supported by NIGMS; drug design utilizing protein structural information is supported by both the NIGMS and National Institute of Allergy and Infectious Diseases.

Notwithstanding the advances that have been made, the number of proteins with structures determined to high resolution is quite small and the limiting step in the process of drug design remains the lack of generalizable, efficient, and reproducible approaches for the use of macromolecular structures. Consequently, we would like to encourage applications from any research groups with an interest in developing the concepts and methodologies of structure-based drug design. The intent of this program remains the development of drugs for the treatment of HIV infection and AIDS. However, because basic research on targeted drug design will be broadly applicable and information gained will be relevant to the design of AIDS drugs, any macromolecular targets that will facilitate the development of these approaches will be acceptable.

Broadly, the research goals are to stimulate the organization of multidisciplinary groups centered around studies related to structural biology in order to develop approaches to targeted drug design. The central disciplines are those such as, for example, X-ray crystallography, NMR, and theoretical chemistry as related to molecular modelling. To be effective, these must be aided and, to some degree, guided by modern research in molecular biology and pharmacology.

MECHANISM OF SUPPORT

The mechanism of support will be the program project grant (P01). It is expected that three or more investigators, all pursuing independent but interrelated projects, will be involved. One scientist must be designated by the applicant institution as Principal Investigator and must bear the responsibility for the scientific and fiscal management of the program project grant. Most of the collaborating scientists should be independent investigators. For example, the support of one senior investigator and several postdoctoral and research-associate level scientists is not appropriate as a program project application. Equipment and other core resources necessary for the accomplishment of the objectives of the program project grant may be requested.

Informal interaction and exchange of information between all groups in the program is expected. All awardees are expected to participate in a yearly conference.

It is anticipated that six to ten applications will be funded. This support level is dependent on the receipt of a sufficient number of applications of high scientific merit. The total project period for applications submitted in response to the RFA may not exceed five years. The anticipated award date will be September 1, 1992.

To receive the complete RFA please write:

Marvin Cassman, Ph.D.
National Institute of General Medical Sciences
National Institutes of Health
Westwood Building, Room 922
Bethesda, MD 20892
Telephone: (301) 496-0186

For fiscal and administrative matters, contact:

Ms. Ann Calure
Supervisory Grants Management Specialist
Westwood building, Room 953
National Institute of General Medical Sciences
National Institutes of Health
Bethesda, MD 20892
Telephone: (301) 496-7746

This program is described in the Catalog of Federal Domestic Assistance No. 93.821. Grants will be awarded 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 grants policies and Federal Regulations at 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.

ONGOING PROGRAM ANNOUNCEMENTS

DRUG ABUSE PREVENTION RESEARCH GRANT ANNOUNCEMENT

PA: PA-91-73

P.T. 34; K.W. 0404009, 0745027, 0755030, 0411005

National Institute on Drug Abuse

PURPOSE

At the National Institute on Drug Abuse (NIDA), prevention research includes: (1) etiologic research that seeks to identify those biologic, genetic, psychosocial, and environmental factors that may place individuals, families, or communities at risk for, or that may buffer or protect against, drug use onset, progression to dependency, and the consequences of drug abuse; and (2) preventive intervention research that seeks to develop and test theory-based prevention strategies to prevent the onset and progression of drug use and abuse.

RESEARCH OBJECTIVES

The primary objectives of the NIDA etiologic research program are to: identify the common etiologic pathways to drug abuse and the critical factors involved; determine the factors that may predispose or protect an individual from initiation, escalation, and maintenance of drug abuse; and develop and test theories and models of etiologies of drug abuse.

The primary objective of drug abuse preventive intervention research is to apply our scientific understanding of the causes of drug use onset and progression to the design, development, and testing of theory-based prevention interventions focused upon the individual, family, peer group, and community (school, workplace, and neighborhood).

MECHANISM OF SUPPORT

Support mechanisms include: Research Projects (R01) and First Independent Research Support and Transition (FIRST) Awards (R29). These support mechanisms represent those currently authorized and are subject to revision and reannouncement as the advances in a particular science dictate new and unique ways for advancing our knowledge base. Most investigator-initiated research is supported by research grants (R01). Research grants are awarded to institutions on behalf of Principal Investigators who have designed and will direct a specific project or set of projects. For details on a particular support mechanism or program, please contact the program staff listed at the end of this announcement.

ELIGIBILITY

Applications may be submitted by public or private, nonprofit or profit-making, organizations such as universities, colleges, hospitals, laboratories, units of State or local governments, and eligible agencies of the Federal government. Women and minority investigators are encouraged to apply.

APPLICATION PROCEDURES

Applicants must use the current version of the research grant application form PHS 398 (rev. 10/88). The number and title of this announcement, "PA-91-73 Drug Abuse Prevention Research Announcement," must be typed in item number 2 of the face page of the PHS 398 application form.

Application kits containing the necessary forms and instructions 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 PHS 398 application kit:

Division of Research Grants
National Institutes of Health
Westwood Building, Room 240
5333 Westbard Avenue
Bethesda, MD 20852
Telephone: (301) 496-7441

The signed original and six permanent legible copies of the completed application must be sent to:

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

RECEIPT AND REVIEW SCHEDULE

Receipt Dates New/Renewal	Initial Review	Advisory Council Review	Earliest Start Date
June 1/July 1*	Oct./Nov.	Jan./Feb.	April
Oct.1/Nov.1*	Feb./March	May/June	June
Feb.1/Mar.1*	May/June	Sept./Oct.	December

*Amended applications (new or renewal) are to be submitted on these dates.

REVIEW PROCESS AND CRITERIA

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 announcement will be assigned to an initial review group (IRG) in accordance with established Public Health Service Referral Guidelines. The IRG, 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 appropriate National Advisory Council whose review may be based on policy as well as scientific merit considerations. Only applications recommended for approval by the Council may be considered for funding.

Criteria for scientific/technical merit review of applications will include the following: significance and originality from a scientific or technical standpoint of the goals of the proposed research; adequacy of the research methodology proposed to carry out the study; feasibility of the proposed research; qualifications and research experience of the Principal Investigator and other key research personnel; availability of adequate facilities, other resources, and collaborative arrangements necessary for the research; appropriateness of budget estimates for the proposed research activities; responsiveness to NIH/ADAMHA policy on the inclusion of women and minorities in study populations; and adequacy of provisions for the protection of human subjects.

SPECIAL INSTRUCTIONS TO APPLICANTS REGARDING IMPLEMENTATION OF ADAMHA POLICIES CONCERNING INCLUSION OF WOMEN AND MINORITIES IN CLINICAL RESEARCH STUDY POPULATIONS

Applications for ADAMHA grants and cooperative agreements are required to include both women and minorities in study populations for clinical research, unless compelling scientific or other justification for not including either women or minorities is provided. This requirement is intended to ensure that research findings will be of benefit to all persons at risk of the disease, disorder, or condition under study. For the purpose of these policies, clinical research involves human studies of etiology, treatment, diagnosis, prevention, or epidemiology of diseases, disorders or conditions, including but not limited to clinical trials; and minorities include U.S. racial/ethnic minority populations (specifically, American Indians or Alaskan Natives, Asian/Pacific Islanders, Blacks, and Hispanics).

ADAMHA recognizes that it may not be feasible or appropriate in all clinical research projects to include representation of the full array of U.S. racial/ethnic minority populations. However, applicants are urged to assess carefully the feasibility of including the broadest possible representation of minority groups.

Applications should include a description of the composition of the proposed study population by gender and racial/ethnic group, and the rationale for the numbers and kinds of people selected to participate. This information should be included in the form PHS 398 in Section 2, A-D of the Research Plan AND summarized in Section 2, E, Human Subjects.

Applications should incorporate in their study design gender and/or minority representation appropriate to the scientific objectives of the work proposed. If representation of women or minorities in sufficient numbers to permit assessment of differential effects is not feasible or is not appropriate, the reasons for this must be explained and justified. The rationale may relate to the purpose of the research, the health of the subjects, or other compelling circumstances (e.g., if in the only study population available there is a disproportionate representation in terms of age distribution, risk factors, incidence/prevalence, of one gender or minority/majority group).

For foreign awards, the policy on inclusion of women applies fully; since the definition of minority differs in other countries, the applicant must discuss the relevance of research involving foreign population groups to the United States' populations, including minorities.

If the required information is not contained within the application, the application will be returned. Peer reviewers will address specifically whether the research plan in the application conforms to these policies. If gender and/or minority representation/justification are judged to be inadequate, reviewers will consider this as a deficiency in assigning the priority score to the application.

All applications/proposals for clinical research submitted to ADAMHA are required to address these policies. ADAMHA funding components will not award grants that do not comply with these policies.

AWARD CRITERIA

Applications recommended for approval by the appropriate National Advisory Council will be considered for funding on the basis of overall scientific and technical merit of the research as determined by peer review, Institute program needs, and availability of funds.

INQUIRIES

Further information and consultation on program requirements relevant to prevention research can be obtained from:

Dr. Zili Amsel
Acting Director, Division of Epidemiology and Prevention Research

Additional, research program information can be obtained from:

Dr. Meyer Glantz
Acting Chief, Epidemiology Research Branch

and

Dr. William Bukoski
Acting Chief, Prevention Research Branch
National Institute on Drug Abuse
5600 Fishers Lane
Rockwall II, Suite 615
Rockville, MD 20857
Telephone: (301) 443-1514

For administrative and fiscal matters, contact:

Ms. Shirley McKenney
Chief, GMB
National Institute on Drug Abuse
Parklawn Building, Room 8A-52
Rockville, MD 20857
Telephone: (301) 443-6710

This program is described in the Catalog of Federal Domestic Assistance No. 93.279. Grants will be awarded under the authority of section 310 and 515 of the Public Health Service Act, as amended (42 USC 241 and 290 cc) and administered in accordance with the PHS Grants Policy Statement and Federal regulations at 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.

RESEARCH ON DISABILITIES AND REHABILITATION SERVICES FOR PERSONS WITH SEVERE MENTAL DISORDERS

PA: PA-91-74

P.T. 34; K.W. 0715129, 0415001, 0730050

National Institute of Mental Health

The National Institute of Mental Health (NIMH) invites applications that use any of the available research grant mechanisms for studies relevant to research on disabilities resulting from severe mental disorders as well as on rehabilitation services for persons with severe mental disorders. This announcement implements the research agenda recommended in "Caring for People with Severe Mental Disorders: A National Plan of Research to Improve Services (NIMH National Plan)."

Applications may be submitted by any public or private, nonprofit or for-profit organizations such as universities, colleges hospitals, laboratories, units of State or local governments, and eligible agencies of the Federal Government. Women and minority investigators are encouraged to apply.

Applications for this grant are encouraged to include both women and minorities in study populations, unless scientific evidence or other justification for not including them is provided. This requirement is intended to ensure that the research findings will be of benefit to all persons at risk of the disease, disorder, or condition under study. For the purpose of these policies, clinical research involves human studies of etiology, treatment, diagnosis, prevention, or epidemiology of diseases, disorders, or conditions, including, but not limited to, clinical trials; and minorities include U.S. racial/ethnic minority populations (specifically American Indians or Alaskan Natives, Asian/Pacific Islanders, Blacks, and Hispanics).

ADAMHA recognizes that it may not be feasible or appropriate in all clinical research projects to include representation of the full array of U.S. racial/ethnic minority populations. However, applicants are urged to assess carefully the feasibility of including the broadest possible representation of minority groups.

Applications should include a description of the composition of the proposed study population by gender and racial/ethnic group, and the rationale for the numbers and kinds of people selected to participate. This information should be included in the form PHS 398, Section 2, A-D of the Research Plan and summarized in Section 2, E, Human Subjects.

Applications should incorporate in their study design gender and/or minority representation appropriate to the scientific objectives of the work proposed. If representation of women or minorities in sufficient numbers to permit assessment of differential effects is not feasible or appropriate, the reasons for this must be explained and justified. The rationale may relate to the

purpose of the research, the health of the subjects, or other compelling circumstances (e.g., if in the only subject population available there is a disproportionate representation in terms of age distribution, risk factors, incidence/prevalence, etc., of one gender or minority/majority group).

If the required information is not contained within the application, the review will be deferred until it is complete. Peer reviewers will address specifically whether the research plan in the application conforms to these policies. If gender and/or minority representation/justification are judged to be inadequate, the reviewers will consider this as a deficiency in assigning the priority score to the application.

All applications/proposals for clinical research submitted to ADAMHA/NIMH are required to address these policies. ADAMHA/NIMH funding components will not award grants that do not comply with these policies.

Applicants should also be aware that the Department of Health and Human Services has regulations for the protection of human subjects and has developed additional regulations for the protection of children. A copy of these regulations, 45 CFR 46, Protection of Human Subjects, is available from the Office for Protection from Research Risks, National Institutes of Health, Building 31, Room 5B59, Bethesda, Maryland 20892.

Applications will be received under the usual PHS receipt and review schedule. Applications will be reviewed by an initial review group (IRG) consisting primarily of non-Federal scientific and technical experts. Applications will receive a second-level review by the appropriate Advisory Council based on policy considerations as well as scientific merit. Only applications recommended for approval by Council may be considered for funding.

All research applicants must use the current version of the grant application form PHS 398 (rev. 10/88). Support may be requested for a period of up to five years. Annual awards will be made subject to continued availability of funds and progress achieved. A competing supplemental application may be submitted during an approved period of support to expand the scope or protocol of a project during the approved period. A competing continuation (i.e., renewal) application may be submitted before the end of an approved period of support to continue a project.

Grant funds may be used for expenses clearly related and necessary to conduct research projects, including direct costs that can be specifically identified with the project and allowable indirect costs of the institution. Funds may not be used to establish, add a component to, or operate a treatment, rehabilitation, or prevention intervention service program. Support for research-related treatment, rehabilitation, or prevention services and programs may be requested only for costs required by the research. These costs must be justified in terms of research objectives, methods, and designs that promise to yield generalizable knowledge and/or make significant contributions to theoretical concepts.

In fiscal year 1990, the Services Research Branch of the NIMH Division of Applied and Services Research funded approximately $1,500,000 in rehabilitation services and disability research. During fiscal year 1990, the NIMH Division of Clinical Research funded approximately $1,000,000 in disability and rehabilitation research. However, the amount of funding will depend on appropriated funds and program priorities at the time of the award.

Copies of this full announcement and additional information may be obtained by contacting:

Cille Kennedy, Ph.D., or Charles Windle, Ph.D.
Services Research Branch
Division of Applied and Services Research
Parklawn Building, Room 18C-14
Telephone: (301) 443-1330 (Dr. Kennedy)
(301) 443-4233 (Dr. Windle)

H. Alice Lowery
Division of Clinical Research
Parklawn Building, Room 10C-06
Telephone: (301) 443-3524

For further information on grants management issues, applicants should contact:

Stephen J. Hudak
Chief, Grants Management Section
Parklawn Building, Room 7C-23
Telephone: (301) 443-4596

The mailing address for the above NIMH staff is:

National Institute of Mental Health
5600 Fishers Lane
Rockville, MD 20857

Under authority of Section 301 of the Public Health Service Act (42 U.S.C. 241), and Catalog of Federal Domestic Assistance 93.242.

ERRATA

ADULT AIDS CLINICAL TRIALS UNITS

RFA: AI-91-07

P.T. 34; K.W. 0715008, 0755015

National Institute of Allergy and Infectious Diseases

The Adult AIDS Clinical Trials Units (NIH Guide for Grants and Contracts, Vol. 20, No. 18, May 3, 1991, page 3) states that only one optional component for Other Clinical Developmental Research will be accepted per application. This statement is amended to read: applicants for Part A will be eligible to apply for two component projects in Other Clinical Developmental Research (Part C.6); however, they must be in different disciplines (e.g., neurology and mycology). Each application in response to Part C.6 will be limited to $100,000 in annual direct costs for each of the projects.

**THE MAILING ADDRESS GIVEN FOR SENDING APPLICATIONS TO THE DIVISION OF RESEARCH GRANTS OR CONTACTING PROGRAM STAFF IN THE WESTWOOD BUILDING IS THE CENTRAL MAILING ADDRESS FOR THE NATIONAL INSTITUTES OF HEALTH. APPLICANTS WHO USE EXPRESS MAIL OR A COURIER SERVICE ARE ADVISED TO FOLLOW THE CARRIER'S REQUIREMENTS FOR SHOWING A STREET ADDRESS. THE ADDRESS FOR THE WESTWOOD BUILDING IS:

5333 Westbard Avenue
Bethesda, Maryland 20816