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. 15, NO. 30, DECEMBER 19, 1986

Vol. 15, No. 29, December 19, 1986

NOTICE

DATED ANNOUNCEMENTS (RFPs AND RFAs AVAILABLE)

ONGOING PROGRAM ANNOUNCEMENTS

ERRATA

NOTICE

ADAMHA SMALL GRANT PROGRAM

P.T. 34; K.W. 0404000, 0710030, 1014002

Alcohol, Drug Abuse, and Mental Health Administration

The Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) will be increasing to $25,000 the maximum direct cost limit on small grants for applications submitted after February 15, 1987. Copies of the ADAMHA Small Grant program announcement and research program area descriptions may be obtained from:

Anne Cooley
Division of Extramural Activities, NIMH
Room 9-95
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-4673

NIDA Research Program Announcements
National Institute on Drug Abuse
Room 10A-31
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-1887

NIAAA Research Program Announcements
National Clearinghouse for Alcohol Information
Box 2345
Rockville, MD 20852
Telephone: (301) 468-2600

DATED ANNOUNCEMENTS (RFPs AND RFAs AVAILABLE)

"IH SMALL INSTRUMENTS GRANTS PROGRAM

P.T. 18; K.W. 0735000, 1014002

National Institutes of Health

Application Receipt Date: March 20, 1987

BACKGROUND

In its appropriation for the NIH for Fiscal Year 1987, the Congress included a total of $16 million to be spent by the respective Bureaus/Institutes/ Divisions (BIDs) for the funding of grants to purchase small instruments costing between $5,000 and $60,000. This action was in response to several recent studies of the problem of obsolete biomedical research instrumentation indicating that the state of biomedical research instrumentation has seriously eroded over the last ten years and that this situation is retarding the progress of biomedical research. The most significant need identified in these studies is for the relatively low-cost pieces of equipment in the price range of approximately $5,000 to $60,000.

ELIGIBILITY AND TERMS OF AWARD

Each institution that received support under the Biomedical Research Support Grant (BRSG) Program in Fiscal Year 1986 and currently has active NIH researh grants is eligible to apply. Only one application may be submitted from each eligible institution or organizational unit. Each institution may establish its own procedures for identifying equipment requests to be included.

The small instrumentation award is a one-time award to be made in Fiscal Year 1987 and will be restricted to the purchase of equipment costing between $5,000 and $60,000. Awards will be made on or before September 30, 1987. The amount of the award will be based upon a percentage of the institution's Biomedical Research Support Grant award for Fiscal Year 1986 or $5,000, whichever is greater. Specific funding decisions will depend on available BID appropriations as well as the appropriateness of the request. Institutions will be notified of the maximum amount for which they may apply.

METHOD OF APPLYING

Letters of instruction to eligible institutions will be mailed on or about January 1, 1987.

Completed applications must be received by March 20, 1987.

STAFF CONTACT

Investigators interested in participating in their institution's application are encouraged to contact the institution's Office of Sponsored Research or the equivalent. Institutional officials who expect to be involved in preparing an application are requested to review the letter of instruction prior to contacting NIH. Requests for information that cannot be provided by the institution's Office of sponsored Research may then be directed to:

Ms. Lily Engstrom
Special Programs Officer
Office of Extramural Research and Training
Building 31, Room 1B54
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 496-1968

PATHOGENESIS AND IMMUNOLOGY OF ANIMAL LENTIVIRUS INFECTIONS (RFA)

RFA AVAILABLE: 87-AI-05

P.T. 34; K.W. 0715125, 1002045, 0710070, 0710075

National Institute of Allergy and Infectious Diseases

Application Receipt Date: March 19, 1987

The National Institute of Allergy and Infectious Diseases (NIAID) invites applications for regular research grants to investigate the pathogenesis and immunology of animal lentivirus infections. These studies may explore any of the properties of the virus or host that are responsible for or contribute to the pathologic processes encountered in the infections and/or the mechanisms of protective immunity.

BACKGROUND

The Acquired Immunodeficiency Syndrome (AIDS), a recent internationally recognized health problem, is characterized by a severe and persistent breakdown in the immune system with a very high mortality rate. AIDS is caused by an infection with a recently discovered retrovirus known as HTLV-III/LAV. HTLV-III/LAV is considered by many to be closely related to the lentiviruses. This project will support studies in comparative virology and immunology of this closely related group of viruses to provide additional basic information of potential importance to the study of AIDS.

OBJECTIVES AND SCOPE

The NIAID wishes to stimulate research on the pathogenesis and immunology of animal lentivirus infections, including those caused by HTLV-III and other immunosuppressive retroviruses. Accordingly, the NIAID wishes to solicit regular research grant applications in these areas to determine if properties of the virus or of the host's response to infection can explain the pathologic processes that occur during or as a result of the infections. Proposed areas of investigation may focus on the properties of the virus that might explain pathogenic processes or characteristics of the host's humoral or cellular immune response that might predispose to certain pathogenetic processes. Equally important are investigations on the mechanisms of protective immunity and vaccines. Interested investigators may propose in vivo or in vitro laboratory studies or a combination of both. Finally, investigators may propose studies involving more than one investigator or institution.

INQUIRIES

Additional information and copies of the complete RFA may be obtained from:

John E. Nutter, Ph.D.
Chief, Prevention Branch
AIDS Program, NIAID
Westwood Building - Room 753
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 496-0545

WOUND HEALING IN CRANIOFACIAL INJURIES

P.T. 34; K.W. 0715005, 0715210, 0785165, 0745065

National Institute of Dental Research

Application Receipt Dates: February 1, June 1, October 1

The Craniofacial Anomalies, Pain Control and Behavioral Research Branch of the National Institute of Dental Research (NIDR) encourages submission of high quality applications for support of research on wound healing relevant to craniofacial injuries, in order to expand its activities in this area.

BACKGROUND

The NIDR has a continuing interest in wound healing research. The craniofacial region is particularly susceptible to wounds resulting from automobile, industrial and athletic accidents and interpersonal violence. Surgical correction of congenital anomalies and ablative surgery for treatment of periodontal diseases and benign or malignant tumors are additional sources of trauma. Successful management of wounds of the craniofacial structures presents unique challenges. The diversity of tissues and structures in close proximity to each other and the variety of functions in which they participate, including speech, hearing, breathing, mastication and swallowing, compound the problems of treating orofacial wounds.

Trauma to the head, especially in the young, may have profound effects on subsequent growth patterns and function, and cosmetically acceptable treatment outcomes must be sought aggressively to avoid undesirable psychosocial effects. Wound healing following reconstructive surgery must often accommodate to tissue deficits, which compounds problems of wound contraction. There is a scarcity of data on the specific problems of wound healing in very young infants, where the process is rapid, and when craniofacial reconstruction is often deemed necessary or desirable. On the other hand, healing is retarded in the aged and in diabetics.

Because most of the bone of the skull is membranous, healing of fractures of the calvarial, facial and subperiosteal bones presents different problems than those encountered in the remainder of the skeleton, which is composed largely of endochondral bone. Trauma to craniofacial sutures of infants and children may have deleterious effects on growth patterns and the long term outcome of reparative or corrective surgical interventions. Maxillary and mandibular growth and temporomandibular joint function are particularly susceptible to the forces applied by the musculature. Alterations in these forces produced by trauma to the muscles or skeleton require prompt correction if abberant growth patterns and long term dysfunction are to be avoided.

RESEARCH GOALS

Injury to soft and hard tissues results in programmed sequences of morphological events, which have been reasonably well documented. The process resembles embryonic development of the original tissues but the biochemical and cellular responses, which produce these morphological changes, require increasing attention. The goal of further research will be to provide the means to hasten healing, minimize untoward effects such as scarring and altered growth patterns and restore normal function and appearance following wounds to the craniofacial region. Suitable topics for research include, but are not limited to, inflammation and coagulation; the debridement process and prevention of infection; chemoattractants responsible for migration of particular cells; factors which induce differentiation and proliferation of specific cells and stimulate their activities; the physical properties of the extracellular matrix and the functions of its components such as collagen and cell attachment factors; wound closure and patterns of scar development and its prevention; bone fracture healing, including the stimulatory effects of electrical forces; nerve regeneration and the possiblity of nerve transplantation; grafting of skin and bone and the use of artificial materials for replacement or augmentation of skin, tendon, cartilage and bone and the use of tissue expanders.

MECHANISM OF SUPPORT

Support for this program will be through research grants, including project grants (R01), small grants (R03), FIRST awards (R29) and Small Business Innovation Grants (R43). Policies that govern research grant programs of the National Institutes of Health will prevail.

APPLICATION AND REVIEW PROCEDURES

Applications in response to this announcement will be reviewed in accordance with the usual Public Health Service peer review procedures for research grants (Study Section). Review criteria include the significance and originality of the research goals and approaches; feasibility of the research and adequacy of the experimental design; training, experience, research competence, and dedication of the investigator(s); adequacy of available facilities; provisions for the protection of human subjects and the humane care of animals; and appropriateness of the requested budget relative to the work proposed.

Funding decisions will be based on the Study Section's and the National Advisory Dental Research Council's recommendations regarding scientific merit and program relevance, and the availabililty of appropriated funds.

Questions concerning this announcement may be addressed to Dr. John D. Townsley at the address given below. Applications for research grants should be submitted on form PHS-398, and the special instructions for small grants and FIRST awards should be followed when applicable. Small Business Innovation Grant applications should be submitted on form PHS 6246-1. Application forms and special instructions are available in the business or grants office at most academic or research institutions, or from the Division of Research Grants, National Institutes of Health. Applications will be accepted in accordance with the customary dates for new applications on an indefinite basis: February 1, June 1, October 1.

The phrase "RESPONSE TO NIDR PROGRAM ANNOUNCEMENT: CRANIOFACIAL WOUND HEALING RESEARCH" should be typed on line 2 of the face page of the application. The original and six copies should be sent or delivered to:

Grant Application Receipt Office
Division of Research Grants
National Institutes of Health
Westwood Building, Room 240
5333 Westbard Avenue
Bethesda, Maryland 20892-4500

Applicants are encouraged to contact NIDR staff prior to applying. Contact:

John D. Townsley, Ph.D.
Chief, Craniofacial Anomalies
Pain Control and Behavioral Research Branch
Westwood Building, Room 506
Bethesda, Maryland 20892-4500
Telephone: (301) 496-7807

This program is described in the Catalog of Federal Assistance No. 13.122. Awards will be made under authorization of the Public Health Service Act, Title III. Section 301 (Public Law 78-410, as amended), the Small Business Innovation Development Act, Public Law 97-219 and the Health Research Extension Act of 1985, Section 453 and administered under PHS grants 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.

ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) AND THE PREVENTION OF INTRAVENOUS DRUG ABUSE

RESEARCH GRANT ANNOUNCEMENT DA-87-10

P.T. 34; K.W. 0715120, 0404009, 0745055, 0411005, 0785055, 0710105, 0404000, 0502017

National Institute on Drug Abuse

Application Receipt Dates: February 1, June 1, October 1

PURPOSE

The purpose of this announcement is to stimulate research on prevention of intravenous drug abuse and needle-sharing in order to curb the spread of the AIDS virus among the drug abusing population. The research will: (1) improve our understanding of the factors that contribute to the etiology of intravenous drug abuse; (2) develop strategies that are effective in preventing intravenous drug abuse; (3) improve our understanding of factors that contribute to needle sharing among intravenous drug abusers; and (4) develop strategies that are effective in preventing AIDS high-risk behaviors among intravenous drug abusers, including needle sharing.

BACKGROUND

The acquired immunodeficiency syndrome (AIDS) is a serious medical disorder caused by the Human T-cell Lymphotropic Virus, Type III/ Lymphadenopathy Associated Virus (HTLV-III/LAV). It is estimated that approximately 1-1.5 million Americans are currently infected with the AIDS virus, and that 20-30 percent of these individuals will develop AIDS within the next five years. Approximately 80 percent of AIDS cases die within two years of diagnosis. Health care costs of persons with AIDS are growing rapidly, and are expected to be between $8 and $16 billion in 1991.

Over the past several years, the drug abuse aspects of AIDS transmission have become painfully clear. This is especially apparent among Blacks and Hispanics in urban areas. One of the principal modes of transmission of HTLV-III/LAV is needle sharing by intravenous drug users. By recent estimates, 25 percent of all AIDS cases involve intravenous drug use, which is the second most common means of transmission of the virus. Drug users may be particularly susceptible to HTLV-III/LAV infections due to the suppressive effects of some abused drugs on the immune system.

In addition to concern regarding the impact of AIDS on intravenous drug abusers themselves, these drug abusers are also of concern because of their potential for spreading the virus into the heterosexual population. Approximately 80 percent of all AIDS cases attributed to heterosexual transmission have been attributed to sexual contact with intravenous drug abusers. Recent data have identified poor inner-city residents as the subgroup at highest risk. In addition, intravenous drug abuse is a major contributing factor in the perinatal transmission of AIDS, with over two-thirds of perinatal cases of AIDS born to intravenous drug abusers or their sexual partners.

The National Institute on Drug Abuse (NIDA) has a strong commitment to help curb the spread of AIDS among intravenous drug abusers and from intravenous drug abusers to their sexual partners and children. Preventing intravenous drug abuse and needle sharing by intravenous drug abusers will serve this goal.

AREAS OF RESEARCH INTEREST

Studies of intravenous drug abuse may include epidemiological estimates of prevalence of intravenous drug use in clinical and non-clinical drug-abusing populations; identification of risk factors associated with intravenous drug abuse (including factors associated with the progression from non-use to casual use to compulsive intravenous use); ethnographic studies of intravenous drug-using subcultures; identification of high risk drug use patterns among intravenous drug abusers; influence of social and cultural factors on intravenous drug abuse; and comparisons of intravenous and non-intravenous drug abusers on personality and behavioral characteristics, psychopathological symptomatology, dependence severity, and level of psychosocial functioning. Research on episodic intravenous drug users, in addition to addicted users, is encouraged.

Studies of needle sharing among intravenous drug abusers may include epidemiological estimates of prevalence of needle sharing; influence of social and cultural factors on needle sharing; identification of topographical patterns of needle-sharing behavior; social network patterns of intravenous drug abusers; functional utility of needle sharing among intravenous drug abusers; and comparisons of intravenous drug abusers who share needles with those who do not in terms of health problems, personality characteristics, and dependence severity.

Intervention studies are encouraged to test the effectiveness of various strategies for preventing the onset of intravenous use and needle sharing among intravenous drug abusers. These studies should focus on innovative educational, contingency management, public health, and enforcement strategies to delay and/or prevent intravenous drug use and/or needle sharing in intravenous drug abusers. Studies to determine the effectiveness of knowledge of HTLV-III/LAV antibody test results on subsequent drug-use behavior are also encouraged.

The target group for the research may include high-risk individuals, families, and/or communities. Consideration should be given to placement of interventions in drug abuse treatment programs and public health agencies, as well as non-traditional settings such as street clinics, homeless shelters, hospital emergency rooms, and mission centers.

Studies may also be proposed to assess the communication networks that exist for intravenous drug abusers, to determine the most effective methods of reaching target subjects, and to test the most appropriate message format, style, and content that will evoke desired behavior change. Findings from these studies would guide the development of effective public awareness materials, campaign strategies, and potential innovative prevention interventions appropriately targeted to high-risk groups.

ELIGIBILITY

Applications for research grants may be made by public or private non-profit organizations, such as universities, colleges, hospitals or laboratories, units of State or local government, or authorized units of the Federal Government. Women and minority investigators, in particular, are encouraged to apply.

APPLICATION PROCESS

State and local government agencies should use forms PHS-5161. All other applicants should use the standard PHS-398 (revised 5/82) research grant application form. "AIDS and the Prevention of Intravenous Drug Abuse (DA-87-10) should be typed in Item 2 on the face page of the application.

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 necessary application material:

Grants Management Branch
National Institute on Drug Abuse
5600 Fishers Lane, Room 10-25
Rockville, Maryland 20857
Telephone: (301) 443-6710

The signed original and six (6) permanent legible copies of the complete application should be sent to:

Division of Research Grants, NIH
Westwood Bldg., Room 240
5333 Westbard Avenue
Bethesda, Maryland 20892

Further information and consultation on program requirements can be obtained from:

Chief, Prevention Research Branch
National Institute on Drug Abuse
5600 Fishers Lane, Room 10A-20
Rockville, MD 20857
Telephone: (301) 443-1514

REVIEW PROCESS

Applications received under this announcement will be assigned to an initial review group for scientific merit review. Such groups consist primarily of non-Federal experts. Notification of review outcome will be sent to the applicant after the initial review. Applications will receive a secondary review for policy consideration by the National Advisory Council of the National Institute on Drug Abuse. Only applications recommended for approval by the National Advisory Council will be considered for funding.

Application Receipt and Review Schedule:

Receipt of Applications	Initial Review	Advisory Council Review	Earliest Award
February 1*	May - June	Sept - Oct	December 1
June 1	Oct - Nov	Jan - Feb	April 1
October 1	Feb - March	May - June	July 1

Applications received by February 1, 1987, will be considered for funding in FY 1987.

REVIEW CRITERIA

Criteria for scientific/technical merit review of applications will include the following:

- the potential contribution of the proposed research to improving understanding of the epidemiology, etiology, and prevention of intravenous drug use and needle sharing;
- the significance, originality, and feasibility from a scientific or technical standpoint of the goals of the proposed research;
- demonstrated knowledge of the state-of-the-art of current intervention and/or communication strategies (if applicable);

- o the qualifications and research experience of the principal investigator and other key research personnel;
- o evidence of coordination with appropriate drug-abuse and public health agencies, community decision makers, social work agencies, the educational system, and law enforcement authorities;
- o the availability of adequate facilities, other resources, and collaborative arrangements necessary for the research;
- o the appropriateness of budget estimates for the proposed research activities; and
- o the adequacy of provisions for the protection of human subjects, if applicable.

AWARD CRITERIA

Applications recommended for approval by the National Advisory Council on Drug Abuse will be considered for funding on the basis of:

- o overall scientific and technical merit of the proposed research as determined by peer review;
- o program balance of NIDA;
- o relevance to national need as reflected by NIDA research priorities;
- o potential contribution to the areas identified in the announcement; and
- o the availability of funds.

TERMS AND CONDITIONS OF SUPPORT

Grant funds may be used for expenses clearly related and necessary to conduct research projects, including both direct costs which 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 which promise to yield generalizable knowledge and/or make a significant contribution to theoretical concepts.

Grants must be administered in accordance with the PHS Grants Policy Statement (DHHS Publication No. (OASH) 82-50-000 GPO-017-020-0090-1 (rev.) December 1, 1982, available for $5.00 from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402). Title 42 of the Code of Federal Regulations, Part 52, "Grants for Research Projects" is applicable to these awards. While references to other applicable regulations may be found in the aforementioned reference, special attention is called to 42 CFR 2 - Confidentiality of Alcohol and Drug Abuse Patient Records. Statutory authority for this grant announcement is Section 515 of the Public Health Act (42 USC 290cc). Applications submitted in response to this announcement are not subject to the intergovernmental review requirements of Executive Order 12372, as implemented through Department of Health and Human Services regulations at 45 CFR Part 100. The Catalog of Federal Domestic Assistance No. is 13.279.

Support will be provided for a period of up to five years (renewable for subsequent periods) subject to continued availability of funds and progress achieved.

AVAILABILITY OF FUNDS

Applications received under this special announcement will be considered for funding on the basis of overall scientific and technical merits of the proposal as determined by peer review. It is estimated that 3-4 projects will be funded under this announcement during FY 1987. Initiation of new projects after FY 1987 will depend on availability of funds. Applications received in response to this announcement will compete for approximately $1.35 million in new grant money that has been made available for this purpose.

ERRATA

RFA 87-CA-11 - PREVENTION CLINICAL TRIALS UTILIZING INTERMEDIATE ENDPOINTS AND THEIR MODULATION BY CHEMOPREVENTIVE AGENTS

RFA-87-CA-13 - COOPERATIVE AGREEMENTS FOR THE PHYSIOCHEMICAL EFFECTS OF DIETARY FIBER IN HUMANS

P.T. 34; K.W. 0755015, 0745055

National Cancer Institute

Please note that the application receipt date for these RFAs has been changed from January 30, 1987 to February 23, 1987.

In addition, the staff contact for 87-CA-11 has been changed. Please direct inquiries to:

Dr. Andrew Vargosko and/or
Dr. Marjorie Perloff
Chemoprevention Branch
Blair Building - Room 616
National Cancer Institute
Bethesda, Maryland 20892-4200
Telephone: (301) 427-8680

NIAID IMMUNOLOGIC AND INFECTIOUS DISEASES ACADEMIC AWARD (K07)

P.T. 34; K.W. 0715125, 0710070, 0715220, 0745020, 0745055, 0415000, 0785165, 0715120

National Institute of Allergy and Infectious Diseases

Application Receipt Dates: February 1, June 1, October 1

The above-referenced program was announced in the NIH Guide for Grants and contracts, Vol. 15, No. 28, December 5, 1986. Because of an editing error, some text containing administrative information was repeated in the body of the announcement. The fifth paragraph on page 8, beginning with an incomplete sentence ("No. 13.885...") should have been deleted.

The last paragraph in the announcement citing the program described in the Catalog of Federal Domestic Assistance number in also incorrect. The correct number is No. 13.855, Immunology, Allergic and Immunologic Diseases Research.

*U.S. GOVERNMENT PRINTING OFFICE: 1986-181-289:40025