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For Grants and Contracts

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NOTICES

IMPACT OF TAX REFORM ON NATIONAL RESEARCH SERVICE AWARDS (NRSA) INSTITUTIONAL TRAINING GRANTS AND INDIVIDUAL FELLOWSHIPS

P.T. 22,44; K.W. 0720005, 1014002

National Institutes of Health

The Tax Reform Act of 1986, Public Law 99-514, will have an impact on the tax liability of all individuals supported under the National Research Service Awards (NRSA) made under Section 487 of the Public Health Service Act.

In brief:

- o Degree candidates who, prior to the enactment of Public Law 99-514, were able to exclude all monies received under an NRSA award from their reported income, may now exclude only course tuition, fees, books, supplies and equipment required for attendance.
- o Non-degree candidates, who formerly were able to exclude from stipends \$300 a month for a period not to exceed 3 years in a lifetime, will now be required to report all stipends and any monies paid on their behalf for course tuition and fees required for attendance.
- o These new statutory requirements are in force as of January 1, 1987.

This notice is simply to call attention to the fact that changes have been made. The Internal Revenue Service (IRS) has not yet published regulations related to these requirements. The National Institutes of Health (NIH) is not in a position to advise students or institutions about their tax liability.

In any event, changes in the taxability of stipends in no way alters the relationship between NRSA fellows, trainees and institutions. NRSA stipends are not now, and never have been, salaries. Individuals supported under the NRSA are not in an employer-employee relationship with the institution in which they are pursuing research training. (See NIH Guide to Grants and Contracts Vol. 13, No.1, January 6, 1984.)

METHOD TO EXTEND RESEARCH IN TIME (MERIT)

P.T. 34; K.W. 0710030, 0404000, 0414000, 1014002

Alcohol, Drug Abuse, and Mental Health Administration

PURPOSE

Beginning in FY 1987, the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) will award a small number of MERIT awards to investigators who have demonstrated superior competence and outstanding productivity during their previous research endeavors. The purpose of the MERIT award is to provide such investigators with long-term, stable support to foster their continued creativity and spare them the administrative burdens associated with frequent preparation and submission of research grant applications.

GENERAL FEATURES

The principal feature of the MERIT award is the opportunity for selected investigators to gain up to ten years of support in two segments. Specifically, an initial 4 or 5 year award is accompanied by an opportunity for an extension of from 3-5 more years, based on an expedited review of the accomplishments during the initial period. The extension cannot exceed the original period of support.

After evaluation of competing new and renewal research project grant applications by the initial review groups, Institute staff will further review high quality applications for the purpose of nominating MERIT awardees. The Institute staff nominations will be provided to the relevant National Advisory Council for consideration. The Council's recommendations will be forwarded to the Institute Director who will make the final selections. Investigators may not apply for MERIT awards.

CRITERIA

The following criteria will be used by staff in nominating, by Council in recommending, and by the Institute Director in selecting MERIT awardees:

- o The nominee has been a principal investigator on a competing R01 research grant application (new or renewal) that has been approved for 4 or 5 years of support with an excellent priority score.
- o The nominee has an impressive record of scientific achievement as the leader of one or more investigator-initiated research projects for at least 6 years at the time the award would be made.
- o The nominee has been working actively in a research endeavor which is at the cutting edge of the field.
- o The research funded by the MERIT award is in an area for which the investigator is well known for his/her scientific achievements.
- o The proposed project will be the investigator's principal scientific endeavor.

Each Institute may establish additional criteria for selection of MERIT awardees.

SPECIAL TERMS

- o The MERIT program will apply only to individual research project grants (R01s), exclusive of cooperative ventures such as clinical trials involving multiple institutions. An R01 application involving several senior investigators would not qualify for consideration for a MERIT award.
- o Competing new and renewal applications, prepared and submitted in accordance with conventional ADAMHA procedures, will be the basis upon which the Institute Director (with the approval of the relevant National Advisory Council) will identify individuals to be offered a MERIT award. Investigators may not apply for a MERIT award.
- o Supplemental applications will not be considered as a basis for MERIT awards, but MERIT awardees are eligible to apply for and receive competitive supplements.
- o Unexpended funds in any budget period of a MERIT award (other than the last) will remain available to the investigator in the subsequent budget period, i.e., there will be automatic carryover of unexpended funds throughout the entire period of the award.

Carryover of unexpended funds may be accomplished at the discretion of the principal investigator and the grantee institution. If funds have been restricted from expenditure by a specific term or condition on the Notice of Grant Award, they may not be automatically carried over without the written prior approval of the awarding unit.

Carryover is effected by notification on the financial status report which the grantee submits within 90 days of the termination of each budget period. Upon receipt of the notification, the awarding unit will issue a revised Notice of Grant Award which will reflect the increased authorization of direct costs.

Indirect costs will be paid to the awardee institution in accord with applicable HHS policy. No supplemental amount will be added through the amended award for indirect costs associated with the carryover action.

- o A MERIT awardee may transfer his/her MERIT grant to another institution in accordance with grant policies of the Public Health Service. The investigator should contact the awarding unit as soon as the need to transfer the grant is identified.
- o MERIT awardees are expected to submit the usual annual noncompeting continuation applications.
- o To obtain an extension of the MERIT award past the initial 4 or 5 years of support, awardees must submit, at a time specified by the awarding unit, a progress report, along with a 1 page abstract of the research plan for the extension period and a proposed budget. Program staff and the National Advisory Council will review this material and will receive an extension and, if so, for how long (3-5 years).

PROCEDURES

The Initial MERIT Award:

- o The initial review groups will review all competing new and renewal applications for research project grants (ROIs) in the usual manner.
- o Subsequent to the evaluation of the applications by the initial review groups, Institute staff will identify eligible candidates for the MERIT award, based on the criteria described in section III of this notice. Each Institute may establish additional criteria for selection of MERIT awardees.
- o The Institute staff recommendations will be presented to the relevant Council who will review the staff reports on these candidates and will make recommendations to the Institute Director.
- o The Institute Director will select MERIT awardees and will offer each such award to the principal investigator and the applicant institution, along with information on the attributes of the award, such as automatic carryover, and an indication of when the special progress report will be due.

The MERIT Award Extension:

- o To initiate consideration for a MERIT award extension (beyond the initial 4 or 5 year grant period), the MERIT awardee must submit the following documents for review by Institute staff and the relevant national advisory council: a progress report (up to 8 pages--essentially identical in format to that which routinely is required for competing renewal applications), a 1-page abstract of the research plan for the extension period, and a proposed budget for the research plan. These documents will not be reviewed by an initial review group.
- o On the basis of the application for extension, the original competing application and summary statement, interim progress reports, and publications resulting from work supported by the grant, Institute staff will develop a recommendation regarding the granting of an extension, its length, and its budget levels. After reviewing these documents, the Council will make recommendations to the Institute Director on whether or not the MERIT awardee should receive a 3-5 year extension of his/her project, along with a recommended budget level.
- o The Institute Director or his/her designated representative will inform the MERIT awardee of his/her decision. If an extension is granted, the communication also will specify the length of time of the extension and the approved budget.
- o If the MERIT awardee does not receive an extension, he/she will be notified by letter and advised that he/she may submit an application for review as a regular competing renewal research grant application. Awardees will receive a decision on the extension early enough for them to submit a regular competing renewal application with a view to avoiding a gap in funding should the Institute not award the extension.

IMPLEMENTATION

All three of ADAMHA's Institutes are authorized to use this mechanism beginning in FY 1987. For the initial round of MERIT award nominations (to be presented at the May/June 1987 Council meetings), the pool of applications to be considered will be selected from applications to be reviewed at the May 1987 Council meetings and applications already reviewed at the January/February 1987 and September 1986 Council meetings.

The MERIT award will carry the activity code R37.

In any given year, only a limited percentage (e.g., 5 percent) of competing new and renewal research project grant applicants will be offered MERIT awards.

(Federal Catalog of Domestic Assistance Nos. 13.273, 13.242, 13.279)

DATED ANNOUNCEMENTS (RFPs AND RFAs AVAILABLE)

IMMUNOAFFINITY PURIFICATION OF HUMAN PITUITARY HORMONES

RFP AVAILABLE: RFP-NIH-NIDDK-87-4

P.T. 34; K.W. 0780005, 0760025

National Institute of Diabetes and Digestive and Kidney Diseases

The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) is soliciting contract proposals from organizations with the capabilities and facilities to provide for the Immunoaffinity Purification of Human Pituitary Hormones.

This is an announcement for a Request for Proposals (RFP). Request for Proposal NIH-NIDDK-87-4 will be issued on or about March 4, 1987, with an anticipated closing date of approximately 45 days thereafter. To receive a copy of this RFP, please supply this office with two self addressed mailing labels, and cite the RFP number referenced above. Requests must be in writing and addressed to:

Shirley A. Shores
Contracting Officer
National Institute of Diabetes and Digestive and Kidney Diseases
National Institutes of Health
Westwood Building, Room 604
Bethesda, Maryland 20892

Telephone requests will not be honored. A reasonable number of the RFP have been prepared and will be issued on an as available basis.

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

NRSA FELLOWSHIPS FOR RESEARCH TRAINING IN PRIMARY CARE DISCIPLINES

P.T. 22; K.W. 0730000, 0785035

Public Health Service

Special receipt date: May 1, 1987
Initial review in August for awards to be made in September 1987. The Program Announcement Area, item 3 of the application for individual NRSA awards PHS 416-1, should be marked "Primary Care Disciplines." The outside of the mailing envelope should be labeled "Primary Care Disciplines."

Attention is called to the fact that the National Institutes of Health is interested in supporting additional research training in primary care disciplines related to the respective missions of its component Institutes. The NIH is authorized specifically to allot up to one-half of one percent of its National Research Service Award (NRSA) appropriation for such training. Applications for individual postdoctoral fellowships (F32) are invited. The research training plan must include a research project germane to one or more of the mission areas of the NIH, examples of which are given below.

National Institute on Aging (AG)

The special medical problems of aging and the aged: preventive medicine and aging, the aging nervous system, Alzheimer Disease and other dementias, aging of the endocrine system, aging of connective tissue structures, pharmacokinetics and pharmacodynamics of the aged. Psychological aspects of aging and the aged: health and behavior, cognitive personality, biobehavior and attitudinal changes with age. Societal aspects of aging: population age structure and its impact on economic, societal and individual function, retirement, social aspects of lifestyles, morbidity and longevity of aging in different cultures, nutrition in aging and epidemiology of health and disease in aging.

National Institute of Allergy and Infectious Diseases (AI)

Primary care research training in allergy; clinical immunology; infectious diseases involving bacteriology, virology, parasitology and mycology; and epidemiology of allergic, immunologic and infectious diseases.

National Institute of Arthritis and Musculoskeletal and Skin Diseases (AR)

Proposals should demonstrate capability, provide opportunity to obtain further research training in biomedical research or clinical investigation, further research training in biomedical research or clinical investigation relating to arthritis, musculoskeletal and skin diseases.

National Cancer Institute (CA)

Awards provide research training for highly competent clinical cancer research specialists in the following areas: etiology, prevention, detection, diagnosis, treatment, restorative care.

National Institute of Child Health and Human Development (HD)

Awards provide opportunities for research training in the biological and/or behavioral science aspects of the areas listed.

Reproductive Sciences: Fertility, infertility and fertility regulation; disorders of the reproductive system. Genetics and Teratology: normal and aberrant development; causes and prevention of congenital defects. Pregnancy and Perinatology: high-risk pregnancy; fetal pathophysiology; disorders of the newborn. Endocrinology, Nutrition and Growth: maternal/fetal, infant, child and adolescent nutrition; growth factors; cultural and behavioral aspects of nutrition. Human Learning and Behavior: biological bases of behavioral development; injury prevention; behavioral pediatrics. Mental Retardation and Developmental Disabilities: diagnosis, pathophysiology, prevention and amelioration; toxicology and environmental factors; behavioral and social aspects of mental retardation.

National Institute of Dental Research (DE)

Research training in behavioral studies, cariology, nutrition, pain control and periodontal diseases.

National Institute of Diabetes and Digestive and Kidney Diseases (AM)

Proposals should demonstrate capability to provide opportunity to obtain further research training in biomedical research or clinical investigation relating to diabetes, endocrine, and metabolic diseases; digestive diseases and nutrition; kidney, urologic and hematologic diseases.

National Institute of Environmental Health Sciences (ES)

Behavioral toxicology, environmental epidemiology and biostatistics.

National Eye Institute (EY)

Research training related to vision and disorders of the visual system: retinal and choroidal diseases, corneal diseases, cataract, glaucoma, strabismus, amblyopia, visual processing, epidemiology, biostatistics, and visual rehabilitation.

National Institute of General Medical Sciences (GM)

Research training in primary care disciplines only as it might relate to clinical pharmacology, trauma and burns.

National Heart, Lung and Blood Institute (HL)

Research training on problems in heart, lung, and blood diseases managed in, or not uncommonly encountered, in the primary care setting.

National Institute of Neurological and Communicative Disorders and Stroke (NS)

Listed are examples of research training topics in which applications would be appropriate in clinical neurosciences involving clinical investigation, and neuroepidemiology and in clinical communicative sciences involving audiology, clinical investigations, and speech pathology. Examples of disorders are: stroke, head and spinal cord injury, epilepsy, neurogenetic disorders, dementia, multiple sclerosis, hearing loss, speech disorders, muscular dystrophy and peripheral neuropathy.

Customary Receipt Dates

Application Receipt Date	Initial Review Meeting	Second Level Review (Approx.)	Earliest Approx. Start Date
February 10	May	August	September 1
June 10	September	December	January 1
October 10	January	April	May 1

Applications may be obtained from:

Office of Grants Inquiries
National Institutes of Health
Westwood Building, Room 449
Bethesda, Maryland 20892
Telephone: (301) 496-7441

SIXTH ANNOUNCEMENT - TRANSFUSION MEDICINE ACADEMIC AWARD

P.T. 34; K.W. 0750010, 0785210

National Heart, Lung, and Blood Institute

Application receipt date: September 14, 1987

The Transfusion Medicine Academic Award (TMAA) was initiated in January 1983, to: (1) stimulate the development of multidisciplinary curricula in transfusion medicine, and (2) permit the awardee to broaden his or her expertise in transfusion medicine so as to contribute more effectively to the teaching, research, and clinical needs of this discipline. "Transfusion Medicine" is defined as a multidisciplinary area concerned with the proper use or removal of blood and its components in the treatment or prevention of disease states (other than in renal hemodialysis). Schools of medicine, osteopathy, or veterinary medicine (United States or its possessions and territories), singly or in concert, are eligible to apply for one 5-year TMAA (nonrenewable), providing they possess the requisite blood bank, patient care, and research facilities required for such an activity. In the case of veterinary medicine, the focus of the program must be on its applicability to human health and disease which may require a collaborative effort between schools of animal and human medicine. The TMAA may provide salary, fringe benefits, supporting costs, and indirect costs to faculty members who are established investigators, and skilled organizers and negotiators. The number of awards made each year will depend on the availability of funds.

The Transfusion Medicine Academic Award encourages the development of teaching and research programs in transfusion medicine. At present, teaching, research, and clinical responsibilities in transfusion medicine usually are not coordinated into a definable program but are dispersed among basic and clinical science disciplines and among activities of the local transfusion services or blood center facility. It is important to note that a transfusion medicine curriculum may not require additional curriculum time; existing course time and teaching materials, as components of other disciplines, may be coordinated into an overall program and organized to focus on emerging and important areas of transfusion medicine. Some schools may find it desirable to assemble the appropriate components into a specific unit. Others may wish to retain the transfusion medicine discipline as part of another major department. This award is also intended to:

- o attract to the field of transfusion medicine outstanding students and promising young clinicians and scientists who can serve in the teaching, research, and clinical aspects of transfusion medicine;
- o encourage the development of faculty capable of providing appropriate instruction in the field of transfusion medicine; o facilitate interchange of information, and evaluation and educational techniques among research, medical, and blood service communities; and o enable the grantee institution to develop a continuing transfusion medicine program, using local support, when this Award terminates.

Requests for the TMAA Program Guidelines should be directed to:

Fann Harding, Ph.D.
Division of Blood Diseases and Resources
National Heart, Lung, and Blood Institute
Federal Building, Room 5A08
Bethesda, Maryland 20892
Telephone: (301 - 496-1817

ONGOING PROGRAM ANNOUNCEMENTS

OPPORTUNITIES FOR POSTDOCTORAL RESEARCH TRAINING FOR NURSES
IN THE INTRAMURAL PROGRAMS, NIH

P.T. 44; K.W. 0720005, 0785130

National Center for Nursing Research

Certain laboratories at the National Institutes of Health (NIH) in Bethesda, MD, will provide the research environment and supervision for nurses holding the doctorate who wish to spend one to three years in postdoctoral research training. The training will be funded by individual National Research Service Awards (NRSA) supported by the NCNR.

Individuals interested in applying for individual National Research Service Awards (NRSA) postdoctoral fellowships to take advantage of such openings should contact one of the persons listed below to discuss the research training experiences available. If an appropriate sponsor can be identified, applications for an individual NRSA postdoctoral fellowship and related materials may be requested from:

Office of Grants Inquiries
Westwood Building, Room 449
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 496-7441

CLINICAL CENTER INTRAMURAL LABORATORIES

National Cancer Institute
Dr. Richard H. Adamson
Division of Etiology
Building 31, Room 11A11
Telephone: (301) 496-6618

Dr. Bruce Chabner
Division of Cancer Treatment
Building 31, Room 3A52
Telephone: (301) 496-4291

National Eye Institute
Dr. Robert Nussenblatt
Laboratory of Immunology
Building 10, Room 10N202
Telephone: (301) 496/3123

National Heart, Lung, and Blood Institute
Dr. Jack Orloff, Director
Division of Intramural Research
Building 10, Room 7N214
Telephone: (301) 496-2116

National Institute on Aging
Dr. Robert P. Friedland
Laboratory of Neurosciences
Building 10, Room 12AS235B
Telephone: (301) 496-4754

Dr. Kathleen McCormick
Baltimore, Laboratory of Behavioral Sciences
Gerontology Research Center
Francis Scott Key Medical Center
4940 Eastern Avenue
Baltimore, MD 21224
Telephone: (301) 955-1791

National Institute on Alcohol Abuse and Alcoholism
Dr. Markku Linnoila
Clinical Director
Building 10, Room 3B19
Telephone: (301) 496-9705

National Institute of Allergy and Infectious Diseases
Dr. Michael Frank
Laboratory of Clinical Investigation
Building 10, Room 11N228
Telephone: (301) 496-5807

Dr. Robert Chanock
Laboratory of Infectious Diseases
Building 7, Room 100
Telephone: (301) 496-2024

Dr. Clifford Lane
Laboratory of Immunoregulation
Building 10, Room 11B09
Telephone: (301) 496-7196

National Institute of Arthritis and Musculoskeletal
and Skin Diseases
Dr. John Klippel
Arthritis and Rheumatism Branch
Building 10, Room 9N218
Telephone: (301) 496-3374

National Institute of Child Health and Human Development
Dr. Arthur Levine
Building 31, Room 2A50
Telephone: (301) 496-2133

National Institute of Dental Research
Dr. Michael Roberts
Clinical Investigation and Patient Care Branch
Building 10, Room 6S255
Telephone: (301) 496-6241

National Institute of Neurological and Communicative
Disorders and Stroke
Dr. Mark Hallett
Clinical Director
Intramural Research
Building 10, Room 5N226
Telephone: (301) 496-1561

National Institute of Mental Health
Dr. Frederick K. Goodwin, Director
Intramural Research Program
Building 10, Room 4N224
Telephone: (301) 496-3501

CLINICAL CENTER DEPARTMENTS

Dr. Ron Elin
Clinical Pathology (Chemistry)
Building 10, Room 2C306
Telephone: (301) 496-5668

Dr. Harvey Gralnick
Clinical Pathology (Hematology)
Building 10, Room 2C390
Telephone: (301) 496-6891

Dr. Thomas Fleisher
Clinical Pathology (Immunology)
Building 10, Room 2C410
Telephone: (301) 496-9565

Dr. Joseph Parillo
Critical Care Medicine
Building 10, Room 10D48
Telephone: (301) 496-9565

Dr. John Doppman
Diagnostic Radiology
Building 10, Room 1C660
Telephone: (301) 496-5080

Dr. David Henderson
Hospital Epidemiology
Building 10, Room 11N223
Telephone: (301) 496-2209

Dr. Joseph Gallelli
Hospital Pharmacy
Building 10, Room 1N257
Telephone: (301) 496-4363

Dr. Steve Larson
Nuclear Medicine and Positron Emission Tomography
Building 10, Room 1C401
Telephone: (301) 496-6455

Dr. Lynn Gerber
Rehabilitation Medicine
Building 10, Room 5D37
Telephone: (301) 496-4733

Dr. Harvey Klein
Transfusion Medicine
Building 10, Room 1E33
Telephone: (301) 496-9702

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