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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.

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NOTE: The NIH Guide for Grants and Contracts will not be published on
May 11. The next issue will be May 18.

NOTICES

NIH REGIONAL WORKSHOP ON IMPLEMENTATION OF THE PHS POLICY ON HUMANE CARE AND USE OF LABORATORY ANIMALS

P.T. 42; K.W. 0201011, 1014002

National Institutes of Health

Reproposal of Part 3, Subparts A and D of the U. S. Department of Agriculture's Animal and Plant Health Inspection Service (APHIS) Animal Welfare Regulations is scheduled for the summer of 1990. Subpart A (dogs and cats) includes standards for the exercise of dogs and Subpart D (primates) includes standards for a "physical environment adequate to promote the psychological well-being of nonhuman primates." The Public Health Service (PHS) Policy requires compliance with the APHIS regulations.

The National Institutes of Health, Office for Protection from Research Risks, is cosponsoring with the University of California, Los Angeles, on September 9 - 11, at the Lake Arrowhead Conference Center, an animal welfare education program which will focus on institutional programs and procedures to meet the repropoed APHIS requirements for dogs, cats and nonhuman primates.

The workshop is open to institutional administrators, members of animal care and use committees, laboratory animal veterinarians, investigators and other institutional staff who have responsibility for high-quality management of sound institutional animal care and use programs.

For further information contact:

Ms. Gitta Walton
Director, Human Subjects and Animal Research Policy
6-956 Factor Building
University of California, Los Angeles
Los Angeles, CA 90024-1694
Telephone: (213) 825-8714

For information concerning future workshops, contact:

Mrs. Roberta Sonneborn
Executive Asst. for Animal Welfare Education
Office for Protection from Research Risks
National Institutes of Health
Building 31, Room 5B59
9000 Rockville Pike
Bethesda, MD 20892
Telephone: (301) 496-7163

NOTICES OF AVAILABILITY (RFPs AND RFAs)

DEVELOPING AND IMPROVING INSTITUTIONAL ANIMAL RESOURCES

RFA AVAILABLE: RR-90-02

P.T. 34; K.W. 0780000, 1002002, 0720005

National Center for Research Resources

Application Receipt Date: August 6, 1990

INTRODUCTION

The Animal Resources Program (ARP) of the National Center for Research Resources (NCRR), National Institutes of Health (NIH), assists institutions in developing and improving animal resources for biomedical research and research training through the award of research and resource grants. This document relates to institutional animal resource improvement projects. These projects will be supported with funds anticipated to be made available to the Department of Health and Human Services (DHHS) in Fiscal Year 1991 for this activity.

A separate announcement and RFA will be issued later in calendar year 1990 for a program related to animal facility improvement support for small research institutions receiving less than \$500,000 of Public Health Service support for projects involving the use of animals.

RESEARCH GOALS AND SCOPE

Animal resource improvement grants are awarded to assist biomedical research and educational institutions in upgrading their animal facilities and in developing administratively centralized programs of animal care. Another major objective is to enable institutions to comply with the USDA Animal Welfare Act and DHHS policies related to the care and use of laboratory animals. Requests should describe a discrete project. If this project is part of a larger renovation plan, the larger plan can be described in the body of the grant. Requests are limited to alterations and renovations (A&R) to improve laboratory animal facilities and major resource equipment related to the improvement. Both the need for resource improvements and a sound plan to bring the entire animal resource up to required standards must be demonstrated.

SUPPORT AND ELIGIBILITY

NCRR anticipates that \$9.4 million may be available to support animal resource improvement grants in Fiscal Year 1991. It is anticipated that approximately 40 grant awards will be made. The number and specific amounts of these awards will depend on the merit and scope of the applications received and the availability of funds. Awards will be made for a project period of one year. All policies and requirements which govern PHS grant programs will apply.

Any domestic public or private institution, organization, or association with one or more research projects supported by the Public Health Service (PHS) that involves the use of laboratory animals is eligible to apply. For the purposes of this program, an institution is defined as the organizational component covered under a single Biomedical Research Support Grant (BRSG) code. Separate applications may be submitted from different colleges or schools on the same campus of a university within the same fiscal year. However, a single proposal for a campus-wide program with a single, centralized animal care program is encouraged whenever possible.

The total request for PHS support and the award are limited to \$700,000. Within this limit, the equipment request may be of any size but the A&R portion cannot exceed \$500,000. Matching funds from non-Federal sources, and equal to the total award, are required. These matching funds must be applied to the specific project described in the application and cannot be met by citing other expenditures.

APPLICATION PROCEDURES

There will be a single receipt date of August 6, 1990. Applications received after this deadline will be returned without further processing. Applications must be submitted on Form PHS 398 (Rev. 10/88).

Inquiries about specific instructions for application and other aspects of the program should be directed to:

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

Application forms (PHS 398) may be obtained from grantee business or sponsored projects offices or from:

Office of Grants Inquiries
Division of Research Grants
National Institutes of Health
Westwood Building, Room 449
5333 Westbard Avenue
Bethesda, MD 20892
Telephone: (301) 496-7441

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.

MECHANISMS OF VIRAL INDUCED AIDS-ASSOCIATED NEOPLASIA

RFA AVAILABLE: CA-90-15

P.T. 34; K.W. 1002045, 0715008, 0715035, 0785140, 0765033, 0755030

National Cancer Institute

Letter of Intent Receipt Date: August 17, 1990

Application Receipt Date: September 18, 1990

I. INTRODUCTION

Patients infected with the human immunodeficiency virus (HIV), already at high risk for the development of a broad spectrum of opportunistic infections, are also at risk for developing a variety of neoplasms. The number and kind of such AIDS-associated malignancies are increasing. While the immunocompromised status of AIDS patients must play a significant role in the development of cancer, the possible viral etiology of some of these cancers should also be considered. Several mechanisms of oncogenesis involving viruses are possible. Thus, HIV or one of its genes could cause neoplasia directly; alternatively, HIV or one of its genes might interact with one of several DNA viruses, such as cytomegalovirus (CMV) or hepatitis B virus (HBV), etc., with which many AIDS patients are latently infected, or the HIV-induced immunosuppression may result in the reactivation of a latent virus, such as Epstein-Barr virus (EBV), which then may cause B-cell lymphomas directly. The goal of this Request for Applications (RFA) is to stimulate research on the mechanisms of AIDS-associated neoplasias and the role of HIV and other viruses and viral genes as factors or co-factors in this process.

The present RFA is for a single competition with deadlines of September 18, 1990 for receipt of applications and August 17, 1990 for receipt of letters of intent.

II. RESEARCH GOALS AND SCOPE

The major goal of this RFA is to stimulate research on the mechanisms of AIDS-associated neoplasia in which viruses or viral genes have a role. Epstein Barr Virus, cytomegalovirus, human papilloma virus, hepatitis B virus and human T-lymphotropic viruses 1 and 2 are among the suspected oncogenic viruses having potential for interaction with HIV. Studies can focus on oncogenic virus(es) functioning as co-factors in the context of HIV infection or on HIV serving as a co-factor in the context of oncogenic virus infections. The areas of proposed investigation include: 1) investigations of the possibility that the AIDS immunosuppressed state allows for the selection of virus variants of EBV, CMV, HPV, HBV, HTLV-1, HTLV-2 and HIV which exhibit differences in virulence, tissue tropism, oncogenic potential, etc.; 2) investigations of the interactions between viral and cellular genes or viral and cellular proteins which could be involved in the initiation and progression of AIDS-associated malignancies; 3) investigations of direct and indirect processes, such as autocrine and paracrine effects, by which multiple viral co-infections play a role in AIDS-associated neoplasias; e.g., the HTLV-1 tax gene transactivates cellular genes, such as IL-2 and GM-CSF, which could then act upon HIV-infected cells and lead to increased levels of HIV; 4) the development and use of small animal models to investigate the basis of virus-induced AIDS-associated neoplasia, e.g. transgenic mice could be used to study the roles and interaction of various viral genes in the development of neoplasias; SCID mice reconstituted with components of the human immune system could be used to investigate the roles of these various components in immunosurveillance and destruction of virus-transformed cells; and 5) investigations of the alteration of virus pathogenesis and oncogenesis as a consequence of the immune status of the patient; e.g., correlates could be sought between oncogenic viral pathogenesis in AIDS patients with varying levels of immune function or between AIDS patients and individuals with other types of immunosuppression such as organ transplant recipients.

Where appropriate, collaborative arrangements to facilitate the achievement of research goals should be considered.

Investigators should be aware that NIH urges applicants to give added attention, where feasible and appropriate, to the inclusion of minorities and women in study populations. If minorities and/or women are not included in a given study, a clear rationale for their exclusion should be provided.

III. MECHANISM OF SUPPORT

This RFA will use the National Institutes of Health (NIH) research project grant (R01). Responsibility for the planning, direction and execution of the

proposed project will be solely that of the applicant. Except as stated in this RFA, awards 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.

Approximately \$1,000,000 in total costs per year for five (5) years will be committed to specifically fund applications that are submitted in response to this RFA. This funding 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 present RFA should not exceed five (5) years. The earliest feasible start date will be March 18, 1991. Although this program is provided for in the financial plans of the National Cancer Institute (NCI), award of grants pursuant to this RFA is also contingent upon the availability of funds for this purpose. Non-profit and for-profit institutions are eligible to apply. Foreign as well as domestic institutions are eligible.

This RFA is a one-time solicitation. Generally, future unsolicited competing renewal applications will compete as research project applications with all other investigator-initiated applications and be reviewed in a standing Division of Research Grants study section. However, should the NCI determine that there is a sufficient continuing program need, NCI may announce a request for renewal applications.

IV. INQUIRIES

Written or telephone inquiries concerning the objectives and scope of this RFA or inquiries about whether or not specific proposed research would be responsive are encouraged and should be directed to Dr. Kenneth J. Cremer at the address below. The program director welcomes the opportunity to clarify any issues or questions from potential applicants.

Dr. Kenneth J. Cremer
Program Director
AIDS Virus Studies
Biological Carcinogenesis Branch
Division of Cancer Etiology
National Cancer Institute
Executive Plaza North, Room 540
Bethesda, MD 20892
Telephone: (301) 496-6085

ONGOING PROGRAM ANNOUNCEMENTS

SPECIAL EMPHASIS RESEARCH CAREER AWARD: REHABILITATION AND AGING: BIOMEDICAL AND PSYCHOSOCIAL PERSPECTIVES

PA: PA-90-08

P.T. 34; K.W. 0710010, 0415003, 0414014, 0710030, 0404000

National Institute on Aging

The National Institute on Aging (NIA) solicits applications for Special Emphasis Research Career Awards (SERCA) from eligible institutions for inter-disciplinary training and research support of individuals seeking research careers in geriatric rehabilitation. This SERCA is intended to foster the career development of investigators with expertise in either: 1) biomedical, behavioral or social aspects of aging or 2) rehabilitation. The main aim of this SERCA is to support the acquisition of skills and experience in research on rehabilitation of older persons.

BACKGROUND

Rehabilitation is both a philosophy and a set of techniques aimed at restoring a person's impaired functioning or to maintain this functioning at the highest possible level. Recently, the theories and practices of rehabilitation that have been developed primarily for younger disabled persons have begun to be applied to the challenging problems of older people. A combined medical and psychosocial approach to restoring, preserving, and enhancing performance and function in older people is seen as both essential and feasible.

The purpose of this SERCA is to encourage research training and research on the application of rehabilitation technology and approaches toward the chronic physical and cognitive problems of older individuals. This announcement is stimulated by the fact that medical rehabilitation has traditionally

emphasized the treatment of younger individuals with acute or chronic disabilities and not the chronic disabilities afflicting many older persons. There is a clear need for research on rehabilitation interventions targeted at older persons with a wide range of physical and cognitive disabilities resulting either from disuse, disorders or injuries of the musculoskeletal, cardiovascular or other physiological systems. Further research is needed on biomedical, social and behavioral aspects of rehabilitation as well as the combined application of geriatric and psychosocial strategies.

A Program Announcement with the same title as this SERCA was released by NIA last year (NIH Guide, Vol. 18, No. 16, May 5, 1989). This announcement lists examples of specific topics of interest to NIA in this area. This SERCA is intended to foster the career development of researchers with interests in these and related topics by encouraging qualified individuals to acquire in-depth experience and skills in the basic and clinical scientific disciplines that bear upon this area.

PROVISIONS OF THE AWARD

This non-renewable award provides support for up to five years of full-time research and related activities. The latter may include further development of research skills. At least 75 percent of an awardee's time must be spent in the actual conduct of research. Supplementation of salary from non-government sources is allowable.

The SERCA grant is made to the awardee's parent institution and provides up to \$40,000 per year for full-time salary support plus fringe benefits. A maximum of \$10,000 per year during the first three years and up to \$20,000 per year during the remaining two years will be provided for research costs including technical assistance, equipment, supplies, consultant costs, travel, publication, and other costs.

The grantee institution must be a domestic university, medical school, or comparable institution with strong, well-established research programs in the chosen area, adequate numbers of highly trained faculty in clinical and basic research who will provide guidance in the development of appropriate research skills.

Throughout the grant period, the sponsoring institution is expected to establish and maintain significant working relationships with the awardee through an advisor who will sponsor and oversee the proposed program and who will make sure that the awardee will receive the proper experience for a future research career in rehabilitation and aging research.

The sponsor must be a biomedical, behavioral or social scientist with extensive research experience and must have a background in rehabilitation or aging research.

The sponsoring institution should facilitate the program by providing space, resources, and other support insofar as feasible. While the program should be situated primarily at a single institution, travel to and stays at other institutions for relevant research experiences are permissible.

ELIGIBILITY REQUIREMENTS

Candidates for the SERCA must hold a Ph.D., M.D. or other professional degree (e.g., D.D.S., D.O., D.V.M., etc.) and by the effective date of the award should have a minimum of two years of research experience in rehabilitation, geriatrics, gerontology or other relevant areas. The award is appropriate for persons at an early stage of their careers as well as for persons in mid-career who have worked in other fields and wish to acquire expertise in rehabilitation research as applied to older persons. Individuals are not eligible for this SERCA if they have had previous grant support (exception: postdoctoral fellowships) in both rehabilitation and aging research. Applicants with prior grant support in rehabilitation or aging, but not both, are eligible. Candidates must be citizens or non-citizen nationals of the United States or its possessions or territories or must have been lawfully admitted to the U.S. for permanent residence at the time of application. Minority and women applicants are encouraged to respond to this announcement.

SERCA applications may not be submitted concurrently with other PHS research career development applications (including all of the K series), which would duplicate the provisions of the SERCA. This does not preclude the concurrent submission of a regular research project grant application.

MECHANISMS OF SUPPORT

The administrative and funding mechanism to be used to support these studies will be the Special Emphasis Research Career Award (K01). The regulations (Code of Federal Regulations, Title 42, Part 52 and Title 45, Part 74) and policies that govern the research grant programs of the Public Health Service will prevail.

Applications for this SERCA will compete for funding with applications for other awards, as no funds have been set aside specifically for funding of SERCA applications. Such applications may be submitted for the regular NIH February 1, June 1, and October 1 receipt deadlines.

REVIEW PROCEDURES AND CRITERIA

Applications will be received by the NIH Division of Research Grants, assigned according to referral guidelines, and reviewed in accord with the usual NIH peer review procedures. The review criteria are the traditional considerations underlying scientific merit and career development application. Following initial review, the applications will be evaluated by the appropriate National Advisory Council.

METHOD OF APPLYING

Prospective applicants should obtain the supplemental guidelines for preparing applications for this SERCA from one of the program officers listed at the end of this announcement.

Applications should be submitted on the standard PHS 398, REV. 10/88, available at most institutional business offices or from the Division of Research Grants, NIH, (301) 496-7441. On item 2 of the face page of the application, applicants should enter: "NIA SERCA: REHABILITATION AND AGING: BIOMEDICAL AND PSYCHOSOCIAL PERSPECTIVES, PA-90-08".

The completed original application and six copies should be sent to:

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

Inquires about the SERCA and requests for supplemental guidelines should be directed to:

Richard Weindruch, Ph.D.
Geriatrics Branch
National Institute of Aging
Building 31, Room 5C27
Bethesda, MD 20892
Telephone: (301) 496-1033

Marcia Ory, Ph.D., M.P.H.
Behavioral and Social Research Program
National Institute on Aging
Building 31, Room 5C32
Bethesda, MD 20892
Telephone: (301) 496-3136

Teresa Radebaugh, Sc.D.
Neuroscience and Neuropsychology of Aging Program
National Institute on Aging
Building 31, Room 5C35
Bethesda, MD 20892
Telephone: (301) 496-9350

EPIDEMIOLOGIC STUDIES OF CANCER AND HUMAN RETROVIRUSES

PA: PA-90-09

P.T. 34; K.W. 0715035, 1002045, 0785055, 0715008

National Cancer Institute

Application Receipt Dates: January 2, May 1, September 1

I INTRODUCTION

The Division of Cancer Etiology of the National Cancer Institute invites grant applications for epidemiologic studies of the role of retroviruses, including human immunodeficiency viruses (HIVs), in the incidence and progression of malignancies.

II BACKGROUND

The National Cancer Institute has a continuing interest in the study of malignancies associated with the human retroviruses, particularly HIVs. Some cancers of the lymphoreticular system (non-Hodgkin's lymphoma) and soft tissue (Kaposi's sarcoma) are significantly increased in incidence and display an aggressive pattern of development and progression in HIV-infected individuals. Other tumor types, such as papillomavirus-associated cancers, may also be emerging more frequently in association with HIV infection.

HIV-1 infection is a major health problem in some developing countries, and the rate of disease progression and the major modes of HIV transmission appear to be different from those most prominent in the United States. For example, as much as 80 percent of HIV infection in Africa is acquired by heterosexual transmission; in Asian countries, intravenous drug use, prostitution, and receipt of blood products are major transmission modes. The route of HIV infection may be responsible for differences in clinical outcomes, as Kaposi's sarcoma (KS) is less common in individuals who have acquired infection through intravenous drug abuse or the administration of blood products compared to other routes of infection. It remains to be determined whether the change from predominantly indolent, endemic KS to the more widespread occurrence of an aggressive, epidemic form of KS in Africa has resulted from HIV infections, and whether KS is disproportionately represented as an AIDS-associated illness in the KS-endemic areas of central Africa compared to non-endemic areas. While KS is very rare in children with AIDS in the United States, 5-10 percent of African children with HIV infection have been reported to have KS. It is not known whether HIV has had an impact on the incidence of Burkitt's lymphoma (BL) in Africa, and whether HIV-associated BL in Africa has the same frequency of specific chromosomal rearrangements as the HIV-unassociated form, as is the case in the United States. Comparing etiologic factors for KS, non-Hodgkin's lymphoma, BL and other tumors in different geographic areas could contribute to our understanding of retroviral carcinogenesis.

Human immunodeficiency virus type 2 (HIV-2) has some characteristics similar to HIV-1 and has been reported from African, South American and Caribbean countries but is rare elsewhere. Some cases of AIDS have been attributed to HIV-2 infection, but whether this virus is associated with enhanced development of malignancies is unknown.

Infection with another retrovirus, human T-lymphotropic virus 1 (HTLV-1), has been shown to cause adult T-cell leukemia. Endemic areas are found in Japan, the Caribbean area, equatorial Africa, and parts of southeastern United States. There is evidence suggesting HTLV-1 may be indirectly associated with risk of other malignancies, possibly by chronic antigenic stimulation or alteration of immune function. Although the cumulative incidence of malignancy among those infected with HTLV-1 is low, it is still higher than that for other human oncogenic viruses. Whether human T-lymphotropic virus 2 (HTLV-2) is associated with an increased risk of malignancies is unknown.

III RESEARCH GOALS AND SCOPE

The proposed initiative seeks to encourage epidemiologic research projects on the incidence and etiology of retrovirus-associated malignancies in North America and Europe, comparative epidemiologic studies of these malignancies in several geographic areas, or such studies in areas outside of North America or Europe. The initiative will permit a wide range of investigations, including, but not limited to, the following:

- o Investigations of KS (in both the endemic and epidemic forms) and non-Hodgkin's lymphoma (including Burkitt's lymphoma) in adults and/or children. Epidemiologic, genetic and multidisciplinary

approaches may be used to elucidate the role of HIV and other viral and nonviral factors in carcinogenesis;

- o Epidemiologic studies of the role of retroviruses, including the HIVs and the HTLVs, in the etiology of human malignancies. Historic collections of sera and other biologic materials maintained at various locations that can be well characterized epidemiologically can be utilized in conducting surveys of virus prevalence or in historical cohort studies of the association between viral infections, coinfections, and malignancies;
- o Studies monitoring retrovirus-associated malignancies, for example, through population-based registries; programs to enhance and utilize tumor registries in areas with high prevalence of retroviral infection; programs to collect tumor samples and other biologic materials from retrovirus-infected and uninfected individuals who develop cancer, for utilization by collaborating laboratory-based scientists with expertise in elucidating cancer etiology.

Where feasible and appropriate, applications for the proposed clinical studies should include a suitable representation of minorities and women. If the applicant cannot comply, a clear rationale for their exclusion must be provided.

IV MECHANISM OF SUPPORT

This program will be supported through traditional R01 research grants. Awards will be administered under Public Health Service grants policy as stated in the PHS Grants Policy Statement, DHHS Publication No. (OASH) 82-50,000, revised January 1, 1987. The total project period for applications submitted in response to the Program Announcement should not exceed five years. The present Program Announcement will remain in effect until retracted. Future competitive renewal applications of grants funded under this Program Announcement will compete with all other unsolicited applications received.

V ELIGIBILITY

Non-profit and for-profit organizations and institutions, governments and their agencies, and individuals are eligible to apply. Foreign as well as domestic institutions are eligible.

VI APPLICATION AND REVIEW PROCEDURES

Applications must be submitted on FORM PHS-398, revised 10/88, available in the business or grants office at most academic or research institutions, or from the Division of Research Grants, National Institutes of Health, Room 449, Westwood Building, 5333 Westbard Avenue, Bethesda, Maryland 20892. The format and instructions applicable to regular research grant applications should be followed. Applications will be accepted in accordance with the date for receipt of applications on or before January 2, May 1, or September 1 (AIDS application deadlines).

The phrase "IN RESPONSE TO PROGRAM ANNOUNCEMENT -- PA-90-09, RETROVIRUS CANCER EPIDEMIOLOGY" must be typed on line 2 of the face page of the application, and YES must be checked. The completed, signed original and 24 signed, exact copies should be submitted in one package to the Division of Research Grants at the address below. The photocopies must be clear and single-sided.

Division of Research Grants
National Institutes of Health
Westwood Building, Room 240
Bethesda, MD 20892-4500**

Applications must be responsive to this Program Announcement. If an application is judged by NIH to be unresponsive, it will be reviewed with all other unsolicited applications received by NIH.

The Division of Research Grants will not accept any application in response to the announcement that is the same as one currently being considered by any other National Institutes of Health awarding unit. Applications will be assigned to the most appropriate regular study section by the Division of Research Grants. The second level of review by an appropriate national advisory board or council will consider the special needs and the priorities of the National Institutes of Health. Funding decisions will be based on the above evaluations and on the availability of funds.

Review criteria considered in evaluating applications will be:

- o Scientific merit and originality of research approach, design, and methodology;
- o Research experience and competence of the Principal Investigator and staff to conduct the proposed studies;
- o Documentation of appropriate collaborative arrangements;
- o Adequacy of time (effort) that the Principal Investigator and staff would devote to the proposed studies;
- o Adequacy of essential facilities and resources, or completeness and feasibility of the plans for their establishment;
- o Conformity to the Announcement guidelines.

The review group will recommend an appropriate budget for each approved application.

VII INQUIRIES

Inquiries concerning this announcement should be directed to Dr. G. Iris Obrams at the address below.

G. Iris Obrams, M.D., Ph.D.
Extramural Programs Branch
Epidemiology and Biostatistics Program
Division of Cancer Etiology
National Cancer Institute
Executive Plaza North, Suite 535
Bethesda, MD 20892
Telephone: (301) 496-9600

Investigators with an interest in laboratory and virologic aspects of AIDS-associated neoplasia may also wish to review the scientific goals of the National Cancer Institute Request for Applications, number CA-90-15, entitled "MECHANISMS OF VIRAL-INDUCED AIDS-ASSOCIATED NEOPLASIA, elsewhere in this issue.

This program is described in the Catalog of Federal Domestic Assistance No. 13.393, Cancer Cause and Prevention Research. Awards will be made under authorization of the Public Health Service Act, Title III, Section 301(c) and Section 402 (Public Law 78-410, as amended; 42 USC 241; 42 USC 282) 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.

ERRATA

RESEARCH DEMONSTRATIONS ON EMERGENCY MENTAL HEALTH SERVICES FOR CHILDREN AND ADOLESCENTS

RFA: MH-90-20

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

National Institute for Mental Health

In the NIH Guide for Grants and Contracts of March 23, 1990, Vol. 19, No. 12, Pg. 7, this RFA is incorrectly numbered MH-90-19.

The correct number for this RFA is MH-90-20.

**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

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