

# NIH GUIDE

# for GRANTS and CONTRACTS

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

## INSTITUTIONAL CONTROL OF RESEARCH GRANT APPLICATION FORMS

Vol. 2, No. 8, October 26, 1973

A N N O U N C E M E N T

1. The current NIH practice of mailing application forms directly to the principal investigator for submittal of continuation and renewal grant requests will be discontinued December 31, 1973.
2. Under the new procedure, grantee institutions are required to furnish to the Division of Research Grants, NIH, prior to November 15, 1973, the title and address of a central application control office. This office will serve all components of the institution within the same geographical area.
3. Upon receipt in DRG of the address of the central application control office, an initial stock of research grant application kits (Forms PHS-398 and PHS-2590 or its revision identified as NIH-2006-1) will be provided by NIH. If no central office has been designated, the forms will be mailed to the business office address shown on the application face page. Thereafter, the institution will be responsible for maintaining, stocking, and distributing copies of the necessary forms to investigators.
4. For new and competing renewal applications (PHS-398), the central application control office will serve as the source of application kits for the applicant investigator.
5. For noncompeting continuation applications (PHS-2590 or NIH-2006-1), the DRG will provide on the first of each month to the institution's application control office a listing of all noncompeting applications which will be coming up for continuation four months hence. Accompanying the list will be a computer-prepared application face page to be used in completing each of the applications involved. The institution will be responsible for assuring that applications are prepared in accordance with both NIH and institutional policy and for establishing in-house deadline dates to ensure return of completed applications to the DRG 60 days prior to the beginning date of the next grant period.
6. In those cases when it is necessary to convey special instructions to the principal investigator of the up-coming application, the NIH awarding unit may communicate directly with the investigator concerning the material which has been sent to the application control office pertaining to the project.
7. Noncompeting continuation applications which are entering their terminal year of previously recommended support will be identified on the DRG listings with an asterisk. No further reminder of terminating support will be furnished by DRG.

*The GUIDE is published at irregular intervals to provide policy, program, and administrative information to individuals and organizations who need to be kept informed of requirements and changes in grants and contracts activities administered by the National Institutes of Health.*

8. As forms or instructions are revised, or as additional material is inserted in the kits, a supply will be provided to the application control office.

9. Inquiries concerning these procedures, and address of the central application control office may be directed to the Chief, Institutional Relations Branch, Division of Research Grants, NIH, Room 303, Westwood Building, Bethesda, Md. 20014.

NATIONAL HIGH BLOOD PRESSURE  
EDUCATION RESEARCH PROGRAM

A N N O U N C E M E N T

1. There are 23 million Americans who have high blood pressure (hypertension). Only 1/8 of this population is under adequate control despite the very substantial evidence that treating this condition reduces the risk of developing significant cardiovascular disease.
2. The NHLI will sponsor a program of research to explore ways of educating professionals and general public that will effect a greater degree of control of hypertension.
3. The educational research component of the program has three major objectives:
  - a. To identify the most effective ways of increasing public awareness of high blood pressure and its sequelae.
  - b. To identify cost-effective and feasible ways of delivering patient care and patient education.
  - c. To identify cost-effective ways of educating professionals and public to effect (a behavior change that results in) a greater degree of control of elevated blood pressure, i.e., more people on therapy, and greater percentage of patients under "adequate control."
4. The NHLI will accept proposals for studies on high blood pressure education projects that are designed to effect and measure a change. The change might be in:
  - public or professional awareness
  - patient compliance
  - cost of delivering care
  - number of patients under "adequate control"
  - reduction of morbidity and mortality
  - any combination of these factors.

Education should be interpreted in its broadest sense and not restricted to traditional approaches, although the use of traditional methods must be fully explored in this new context.

5. Authority for this program is derived from Public Law 92-423, Section 414A. Both grants and contracts will be used to support projects selected for the program. Institutions eligible for grants should so signify in their request for application. Profit making organizations are eligible only for contract support. The NIH policies concerning the administration of research project grants will apply to all research grant projects in this program. DHEW General Provisions HEW-315 will be a part of each contract awarded.

6. The proposal must contain detailed plans for evaluation of the project. Suggested evaluation techniques include measurement of blood pressure of individuals in the target population, cost-effectiveness evaluation per increment of change, change in frequency of patient visits, change in patient dropout rates, changes in attitude determined by survey techniques, and changes in morbidity and mortality

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(although changes in this latter area would be difficult to measure because of time limitations). Other evaluation procedures as well as combinations of the above should be considered.

7. The work scope and the appropriate grant or contract application forms can be obtained by writing or calling:

Ronald G. Geller, Ph.D.  
Assistant Chief  
Hypertension and Kidney Diseases Branch  
National Heart and Lung Institute  
Landow Building, Room C816  
Bethesda, Maryland 20014  
(301) 496-1857

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