

NIH GUIDE

For Grants and Contracts

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

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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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NOTICES

INCLUSION OF WOMEN IN STUDY POPULATIONS

P.T. 34; K.W. 0770000, 1014002

National Institutes of Health
Alcohol, Drug Abuse, and Mental Health Administration

The Public Health Service Task Force on Women's Health Issues published its report in the January 1985 issue of Public Health Reports. One of the Task Force's major recommendations was that biomedical and behavioral research be expanded to assure appropriate emphasis on conditions and diseases unique to, or more prevalent in, women of all age groups.

In keeping with one aspect of this recommendation, the NIH and the ADAMHA urge applicants for grants and offerors for contracts to consider the inclusion of women in the study populations for all clinical research efforts. Exceptions would be studies of diseases which exclusively affect males or where involvement of pregnant women may expose the fetus to undue risks. Gender differences should be noted and evaluated. If women are not to be included, a clear rationale should be provided for their exclusion.

In order to provide more precise information to the medical community, it is recommended that publications resulting from NIH or ADAMHA-supported research in which the study population was limited to one sex for any reason other than that the disease or condition studied exclusively affects that sex, should state, in the abstract or summary, the gender of the population studied, e.g., "male patients," "male volunteers," "female patients," "female volunteers."

For further clarification or discussion of this issue, contact:

National Institutes of Health
Luz A. Froehlich, M.D.
Chairperson, NIH Advisory Committee on Women's
Health Issues
Telephone: (301) 496-7688

Alcohol, Drug Abuse, and Mental Health Administration
Delores L. Parron, Ph.D.
Associate Director for Special Populations, NIMH
Coordinator for Special Populations, ADAMHA
Telephone: (301) 443-2847

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

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

Alcohol, Drug Abuse, and Mental Health Administration

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 has not yet published regulations related to these requirements. The Alcohol, Drug Abuse, and Mental Health Administration is not in a position to advise students or institutions about their tax liability.

In any event, changes in the taxibility 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.)

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

P.T. 42; K.W. 0201011, 1014003, 1014002

National Institutes of Health

The National Institutes of Health, Office for Protection from Research Risks, is continuing to sponsor a series of workshops in implementing the revised Public Health Service Policy on the Humane Care and Use of Laboratory Animals. The workshops are 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.

Date: April 29, 1987

Location: Ann Arbor, Michigan

Contact:

Ms. Joan Eadie
Department of Conferences
University of Michigan Extension Service
200 Hill Street
Ann Arbor, Michigan 48104-3297
Telephone: (313) 764-5304

Date: May 21, 1987

Location: Tucson, Arizona

Contact:

Mr. Denis Cole
Division of Animal Resources
Arizona Health Sciences Center
Tucson, Arizona 85724
Telephone: (602) 626-6702

For further information, contact:

Ms. Roberta Garfinkle
Executive Assistant for Animal Welfare Education
National Institutes of Health
Office for Protection from Research Risks
Building 31, Room 4B09
Bethesda, Maryland 20892

DATED ANNOUNCEMENTS (RFPs and RFAs AVAILABLE)

MOLECULAR PROBES IN UNIQUE SUBSETS OF COLORECTAL CANCER PATIENTS

RFA 87-CA-21

National Cancer Institute

Application Receipt Date: July 15, 1987

The Division of Cancer Prevention and Control, through the Organ Systems Program, invites research grant applications to develop and assess probes useful in classifying subpopulations of colorectal cancer patients. Organizations capable of developing collaborative research proposals involving basic laboratory groups and clinical groups with access to unique subpopulations of colorectal cancer patients are encouraged to apply.

BACKGROUND

A major problem with conventional pathological-morphologic classification criteria for colorectal cancer is that the category of "moderately well- to well-differentiated" tumors is too broad. Insufficient prognostic information is derived from this broad designation. On the other hand, the classification of "undifferentiated" tumors and predominantly "poorly differentiated" tumors of the colon and rectum in humans predicts a uniformly bad clinical outcome. Patients with these tumors do predictably worse and have a shorter life span than those with "moderately well- to well-differentiated" tumors. There is something unusual about these tumors that should allow a more circumscribed investigation. Although these are rare tumors, specific alterations found may provide insight into the very broad class represented by "moderately well- to well-differentiated" colon and rectum cancers.

The integration of newly available scientific technology with pathologically well-defined subgroups of colorectal cancer patients with predictable clinical outcomes, should help advance research progress in expanding the present morphologic criteria which have limited prognostic information and in resolving biological questions and relationships in patients with poor prognoses.

OBJECTIVES AND SCOPE

A major aim of this RFA is to facilitate the formation of new collaborations between laboratories developing molecular probes, and clinical groups with access to unique subpopulations of colorectal cancer patients. Specific objectives are: 1) to identify and characterize phenotypic markers and molecular probes associated with subsets of colorectal cancer patients whose poor prognosis is predictable by conventional morphologic analyses of primary tumor biopsy; and 2) to determine structure-function relationships in these pathologic subsets with predictable clinical outcome, by studying pertinent biologic questions. The overall goal is to obtain leads that could be applied to the general population of colorectal cancer patients in whom morphologic analysis of tumor is not predictive of the clinical course.

It is hypothesized that these unique clinical sub-classes of colonic carcinoma will demonstrate a type of growth regulation that is different from the larger group of "well"- and "moderately well-differentiated" tumors. Responses to this RFA should address interesting biologic areas such as: structure-function relationships in patients with poor prognosis; the molecular biology of differentiation in colorectal cancer; and an expansion of prognostic criteria which would include more significant groups of colorectal cancer patients in whom the present "moderately well- to well-differentiated" histologic criteria has little biologic and no prognostic meaning.

MECHANISM OF SUPPORT

The support mechanism for this program will be the NIH investigator-initiated research grant (R01). Awards may be made to both non-profit and for-profit organizations. Applicants will plan and execute their own programs. The duration of the proposed projects may be up to three years. Applications will be reviewed as a single competition by an initial review group convened by the Division of Extramural Activities, NCI. It is anticipated that approximately four to five awards for project periods of three years will be made at a total cost of \$875,000 for the initial year's funding.

INQUIRIES

Requests for copies of the complete RFA describing the research goals and scope, the review criteria and the method of applying should be addressed to:

Vincent J. Cairoli, Ph.D.
Cancer Centers Branch
Division of Cancer Prevention and Control
National Cancer Institute
Blair Building - Room 725
Bethesda, Maryland 20892-4200
Telephone: (301) 427-8818

ONGOING PROGRAM ANNOUNCEMENTS

NEUROLOGICAL ASPECTS OF LOW BACK PAIN

P.T. 34; K.W. 0715150, 0745020, 0755030, 0710020, 0710085, 0785115, 0404000

National Institute of Neurological and Communicative Disorders and Stroke

The Stroke and Trauma Program (STP) of the National Institute of Neurological and Communicative Disorders and Stroke (NINCDS) encourages the submission of research project grant and program project grant applications related to neurological mechanisms associated with the etiology, diagnosis, and treatment of low back pain.

BACKGROUND

Back pain is the second most common condition for which patients seek medical help; up to 80 percent of the population are affected at some time in their lives. Because of the magnitude of the problem, the Committee on Appropriations of the Senate requested, in Senate Report Number 98-544 (1984), that the NINCDS prepare and submit a report on back pain. The authors of the report concluded that since the cause of most back pain is unknown, the efficacious treatment of low back pain will depend on studies of the neurological and neuromuscular basis of low back pain. This conclusion carried with it the recognition that such studies will require complex methodology and state-of-the-art techniques in biomechanics, biophysics, neurosurgery, neurology, neurophysiology, neuroanatomy, neuropathology, neuropharmacology, neuroimmunology, and behavior.

RESEARCH GOALS AND SCOPE

Whereas the ultimate goal of these studies is the effective diagnosis and successful treatment of low back pain, the NINCDS recognizes that studies necessary to achieve this goal will encompass a wide spectrum of research areas, from basic research on the neural pathways and mechanisms responsible for the experience of pain to clinical trials of promising forms of treatment. For example, disease of the back may alter normal reflexes and result in the activation of pain receptors. Therefore, additional information is needed on the anatomy, physiology, and biochemistry of the neural systems that affect the back, so that scientists may develop testable hypotheses about the causes of back pain. Areas of research may include, but not be limited to, the following topics:

- o nociceptive neural pathways in the spinal cord and brain and the mechanisms responsible for the experience of back pain,
- o relation of neural pathways to biomechanical stresses involved in back pain,
- o effect of single or repeated trauma to the back on the development of back pain and the associated neurological impairments,
- o endorphin pathways of the central nervous system and their relation to low back pain,
- o neural reflex mechanisms that normally control the back and conditions under which they may activate pain receptors,
- o neurological testing to quantify the associated pain and disability of low back pain more accurately,
- o effectiveness of existing electrodiagnostic tests such as the use of evoked potentials in the detection and localization of neurological and neuromuscular abnormalities that cause back pain,
- o computerized tomographic techniques and magnetic resonance imaging techniques in the diagnosis of neurological abnormalities associated with or that cause back pain, and
- o randomized, double-blind studies of the efficacy of treatment modalities used for the management of the neurological aspects of low back pain.

Applicants are encouraged to develop and use new and refined methods, instruments, and therapeutic procedures that will permit more detailed determination of features involved in the neurological aspects of low back pain. Such an approach should include the development and use of pertinent in vivo and in vitro models that may serve to demonstrate factors involved in the etiology and development of therapy for the treatment of low back pain.

Investigators should submit well-focused applications that address one or more compelling questions related to the neurological and neuromuscular aspects of low back pain. Where sufficient baseline data are available, an approach should be entertained that will help test hypotheses that are pivotal to future studies along specific avenues of research. Methodological as well as experimental controls should be described, especially when non-standard or controversial techniques are proposed. Other important elements may include the sequence and timing of proposed studies, potential difficulties and their resolution, quantification and management of data where appropriate, and adequate justification of all budgetary requests.

MECHANISM OF SUPPORT

The support mechanism for grants in this area will be the traditional investigator-initiated research project grant (R01) and the program project grant (P01). Under these mechanisms, the principal investigator and any participating investigators will plan, direct, and perform the research. Applicants for program project grants should contact the NINCDS representative listed below as early as possible in the planning stages for advice and guidance.

APPLICATION AND REVIEW PROCEDURES

Application must be prepared on form PHS 398 according to the applicable instructions included in the application kit. These kits are available from the business offices of most institutions eligible to receive Federal grants or from the Division of Research Grants, NIH. Applicants for program project grants should request, from the address below, a copy of the NINCDS GUIDELINES FOR THE PREPARATION OF A PROGRAM PROJECT GRANT APPLICATION.

Receipt dates for new research project grant (R01) applications and for program project grant (P01) applications are February 1, June 1, and October 1.

On page 1 of form PHS 398, check "yes" in item 2 and type: "Neurological Aspects of Low Back Pain."

Use the mailing label provided in the application kit to mail the signed original and six exact copies of it to the Division of Research Grants (DRG).

If the application is for a program project grant, please send the original and four copies to DRG. Send two copies to the address listed below, to which questions for additional information may also be addressed.

Dr. Christine E. Phillips
Health Scientist Administrator
Stroke and Trauma Program, NINCDS
Federal Building, Room 8A-13
Bethesda, Maryland 20892
Telephone: (301) 496-4226

Research project grant (R01) applications will be reviewed for scientific and technical merit by an appropriate study section in the Division of Research Grants. Program project grant (P01) applications will be reviewed by an appropriate review group in the NINCDS. Secondary review will be by the National Advisory Neurological and Communicative Disorders and Stroke Council. Applications judged to be within the purview of other Institutes of the NIH will be assigned accordingly, and, for the program project grant application, reviewed according to that Institute's prevailing practice.

This program is described in the Catalogue of Federal Domestic Assistance, Number 13.853 and 13.854, Stroke, Nervous System Trauma. Grants will be awarded under the authority of the Public Health Service Act, Title IV, 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 Health Systems Agency review.

BIOLOGICAL MARKERS OF ALCOHOL CONSUMPTION

P.T. 34; K.W. 0404003, 0755010, 0710030

National Institute on Alcohol Abuse and Alcoholism

BACKGROUND INFORMATION

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) invites grant applications for the support of research that will lead to the development and application of biological markers for the objective assessment of long-term drinking. Biological markers which serve as objective measures of alcohol

consumption are extremely important for both the clinical care of patients and the conduct of research in situations that require a valid drinking history. In a treatment setting, such markers could provide treatment professionals with an objective and reliable tool for monitoring patient compliance with treatment goals. Objective markers of alcohol consumption could also help in the diagnosis and treatment of conditions other than alcoholism where alcohol consumption is suspected. Biological markers also could be used to validate instruments which use self and/or collateral reports as a measure of drinking behavior. To date, a simple, objective and reliable marker of alcohol consumption is not available.

RESEARCH GOALS AND SCOPE

Grant applications are solicited for projects that will lead to the development of new biological markers for assessing drinking history over a period of days or weeks. As distinct from a solely qualitative indicator of alcohol consumption, the most desirable measures would provide a quantitative estimate of alcohol use during the time interval. The most important criteria for the markers are high specificity (very few false positives) and high sensitivity (very few false negatives). Ideally such markers should be relatively simple to use and sufficiently cost effective for routine applications. The influence of such factors as age and gender should be addressed in the validation of the marker. Biological markers should be valid regardless of organ toxicity or disease state. Studies can be conducted on humans or experimental animals as appropriate.

MECHANISM OF SUPPORT

The support mechanism for this program will be the individual research project grant. Under this mechanism the applicant will plan, direct, and carry out the research program. The project period during which the research will be conducted should adequately reflect the time required to accomplish the stated goals and be consistent with the policy for grant support. Support will be provided for up to five years (renewable for subsequent periods) subject to the availability of funds and progress achieved.

Research grant applications may be submitted by nonprofit and profit-making organizations and institutions, State or local governments and their agencies, and eligible agencies of the Federal government.

REVIEW PROCEDURES AND CRITERIA

Applications in response to this solicitation will be reviewed for scientific and technical merit by an appropriate peer review group. They will be judged on the overall scientific merit of the proposed research, potential significance of the research findings, adequacy of methodology, availability of necessary facilities, and the qualifications of the research team. A secondary review for policy and program relevance will be made by the National Advisory Council on Alcohol Abuse and Alcoholism.

Applications will be accepted in accordance with the receipt dates for new applications:

June 1 October 1 February 1

METHOD OF APPLYING

Potential applicants may obtain a copy of the program announcement by contacting:

National Clearinghouse for Alcohol Information
Reference Department
Box 2345
Rockville, Maryland 20852
Telephone: (301) 468-2600

Applications must be submitted on form PHS 398 (revised 5/82), which is available in the business or grants and contracts office at most academic and research institutions or from the National Clearinghouse for Alcohol Information. State and local government agencies should use form PHS 5161-1 (revised 6/86).

The signed original and six copies (two copies if using form PHS 5161-1) of the application should be sent to:

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

STAFF CONTACT

More detailed information about this announcement and application procedures may be obtained from:

Helen M. Chao, Ph.D.
Chief, Biomedical Research Branch
National Institute on Alcohol Abuse and Alcoholism
5600 Fishers Lane, Room 14C-17
Rockville, Maryland 20857
Telephone: (301) 443-4223

Alcohol research grants are described in the Catalog of Federal Domestic Assistance No. 13.273. Grant awards are made under the authority of Sections 301 and 510 of the Public Health Service Act, as amended (42 USC 241 and 290bb). This program is not subject to the intergovernmental review requirements of Executive Order 12372 as implemented through HHS regulations at 45 CFR Part 100.

ADDENDUM

RESEARCH INTO METHODS OF RESEARCH THAT DO NOT USE VERTEBRATE ANIMALS, USE FEWER VERTEBRATE ANIMALS, OR PRODUCE LESS PAIN AND DISTRESS IN VERTEBRATE ANIMALS USED IN RESEARCH

P.T. 34; K.W. 0755020, 0710030, 1002027, 0780015, 0780020

Alcohol, Drug Abuse, and Mental Health Administration

The Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) was inadvertently omitted from the program announcement when it was originally published in the NIH Guide for Grants and Contracts on January 23, 1987, Volume 16, No. 3, Pages 7-9. Applicants who are interested in applying for support from ADAMHA under the subject program announcement should contact:

Mr. Wright Williamson
Division of Extramural Activities
National Institute of Mental Health
Parklawn Building, Room 9-95
5600 Fishers Lane
Rockville, Maryland 20857
Telephone: (301) 443-4673

Dr. Helen Chao
Chief, Biomedical Research Branch
Division of Extramural Research
National Institute on Alcohol Abuse and Alcoholism
Parklawn Building, Room 14C-17
5600 Fishers Lane
Rockville, Maryland 20857
Telephone: (301) 443-4223

Dr. Roger Brown
Chief, Neuroscience Research Branch
Division of Preclinical Research
National Institute on Drug Abuse
Parklawn Building, Room 10A-31
5600 Fishers Lane
Rockville, Maryland 20857
Telephone: (301) 443-6975

ERRATA

The following two announcements appeared in the March 13, 1987 issue, Vol. 16, No. 10. Since some of the text was inadvertently deleted they are reprinted here in their entirety.

EARLY DIAGNOSIS AND QUANTITATIVE ASSESSMENT OF
PROSTATE ADENOCARCINOMA BY ULTRASONOGRAPHY

RFA 87-CA-20

P.T. 34; K.W. 0715035, 0745020, 0735015, 0607024

National Cancer Institute

Application Receipt Date: June 15, 1987

The Division of Cancer Prevention and Control of the National Cancer Institute (NCI) through the Organ Systems Program, invites research grant applications from organizations capable and interested in participating in a network of collaborating institutions charged with carrying out studies on the early diagnosis and quantitative assessment of prostate adenocarcinoma.

OBJECTIVES AND SCOPE

This Request for Applications (RFA) will be utilized to initiate studies that will be implemented through a collaboration among the successful applicant organizations. The NCI proposes to encourage up to five existing prostate research laboratories or clinics with ultrasonography capabilities to assemble the expertise and patients needed to study early diagnosis of prostate cancer. The main goal is to determine the capability of ultrasonography used alone or in combination with biological markers to diagnose early prostate cancer, to measure the volume of cancer tissue and determine its potential invasiveness, and to measure the impact of these procedures on survival by following patients over time.

BACKGROUND

Studies have indicated that when diagnosed early, and prior to capsular invasion, the cure rate for prostate cancer is potentially improved. In addition, it has been reported that tumor volume is associated with capacity to metastasize. At present, there is general consensus that among imaging modalities currently available, ultrasonography offers the greatest potential for early diagnosis and volume assessment of prostate carcinoma. The addition of known biological markers may enhance the capability of ultrasonography in this regard.

Organizations with established prostate research laboratories or clinics with existing ultrasonography capabilities are encouraged to take the leadership in response to this RFA. It is the intent of this RFA to initiate network studies among organizations for the purpose of evaluating ultrasonography in diagnosing early prostate cancer using uniform and standardized approaches and techniques. At the time of submission, a core of qualified investigators, technical expertise, patient populations, and facilities should exist in the applicant organization and any proposed affiliates.

APPLICATION SUBMISSION AND REVIEW

A potential applicant is encouraged, but is not required, to submit a letter of intent, and is encouraged to consult with NCI staff before submitting. Letters of intent are requested by April 17, 1987. The letter of intent will not enter into the review of an application submitted in response to this RFA.

Applications responsive to this RFA will be reviewed for scientific merit by an appropriate review group composed primarily of non-Federal experts and convened by the Division of Extramural Activities, National Cancer Institute. Reviewers will consider each application in terms of its projected research plans and proposed plans for implementing network activities. This RFA solicitation is for a single competition and has one specific deadline, June 22, 1987, for receipt of applications.

MECHANISM OF SUPPORT

The support mechanism for this program will be the NIH investigator-initiated research grant (R01). Awards may be made to domestic non-profit and profit organizations. An applicant organization may apply for a period of support of up to three years. It is anticipated that up to five awards will be made at an annual total cost of approximately \$600,000. Although this program is provided for in the financial plans of the National Cancer Institute (NCI), the award of grants pursuant to this RFA is also contingent upon the availability of funds for this purpose. PHS grant policies governing regular research project grants apply to applications received in response to this request.

INQUIRIES

For further information and a copy of the complete RFA, please contact:

Andrew Chiarodo, Ph.D.
Organ Systems Section
Cancer Centers Branch
Division of Cancer Prevention and Control
National Cancer Institute
Blair Building, Room 717
Bethesda, Maryland 20892-4200
Telephone: (301) 427-8818

SMALL GRANT PROGRAM FOR PILOT PROJECTS

P.T. 34; K.W. 0710030, 1002046

National Eye Institute

The National Eye Institute (NEI) announces the revision of its guidelines for small grant awards, beginning with applications submitted after the February 1, 1987 receipt date. The principal new features of the revised program guidelines include the following:

"Target populations" of investigators for the program now include ONLY the following categories of persons:

- 1 Clinicians with limited research experience
- 2 Investigators (clinicians or nonclinicians) coming into vision research for the first time from another area
- 3 Investigators at minority institutions
- 4 Investigators located in largely non-research environments
- 5 Recently trained basic scientists, who have received the Ph.D. or other non-clinical doctorate within the last 5 years.

The first two categories of investigators will be in especially favorable positions for funding of approved applications.

The maximum amount of an award will be \$25,000 (direct costs) for a one-year period.

There will be two receipt dates for applications, which will be accepted for review ONLY for February 1 and October 1 deadlines each year.

TERMS OF THE AWARD

The award will provide a maximum of \$25,000 (direct costs) for technical assistance, supplies, small equipment, and travel required by the project. The NEI expects to make approximately 15 awards for each review cycle (i.e., 30 awards per year).

The award may not be used to supplement support for an ongoing project.

APPLICATION AND REVIEW PROCEDURES

Applications shall be submitted on form PHS 398, available at most institutional business offices or from the Division of Research Grants, NIH. Because the format for preparing this application is different from that used for regular research grants, additional information and instructions should be obtained from Dr. Henley at the address listed below. APPLICATIONS MUST ADHERE TO THIS FORMAT TO BE RESPONSIVE. Review will be scheduled as follows:

Receipt Date	Institute Committee Review	Council Review	Earliest Date for Funding
Annually			
October 1	November	Jan.-Feb.	February
February 1	March	May-June	June

Approved applications will either be funded or withdrawn immediately after review by the National Advisory Eye Council.

REVIEW CRITERIA

Applications will be evaluated with respect to the following criteria: The significance and scientific merit of the proposed project; its characterization as an innovative and/or high-risk and/or pilot project which provides a basis for more extended research; the methodology including choice of experimental material; the investigator's background and training for carrying out the project; adequacy of the available and requested facilities; and the adequacy of justifications presented for budget requests.

FUNDING CRITERIA

The program is intended to support eligible applicant-investigators as in the categories 1 through 5, above. However, the National Advisory Eye Council has recommended that the emphasis should not be on applications from foreign institutions. Such applications would generally be in a less favorable position to be selected for funding, as would applications from investigators described in category 5, (Recently trained basic scientists).

REPORTING REQUIREMENTS

If an award is made in response to a Small Grant Application, a Final Progress Report, an Invention Statement and a Financial Status Report must be submitted within ninety days after the TERMINATION of the award. These reporting requirements are the same as those for other types of research grants and are in accord with 45 CFR 74.73 and 74.82. The information contained in the Final Progress Report will be especially helpful to the NEI in evaluating the usefulness of the Small Grant Award mechanism.

STAFF CONTACT

For further information and instructions for completing the grant application (form PHS 398), prospective applicants are strongly urged to contact:

Catherine Henley, Ph.D.
Review and Special Projects Officer
Extramural and Collaborative Programs
National Eye Institute
Building 31, Room 6A06
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 496-5561

Awards will be made under the authority of the Public Health Service Act, Section 301 (Public Law 78-410, as amended; 42 USC241) and administered under PHS grant policies and Federal Regulations 42 CFR Part 52 and 45 CFR Part 74. This program is not subject to Executive Order 12372 or Health Systems Agency review.

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

There is an error in the above referenced Notice published in the NIH Guide for Grants and Contracts, Vol. 16, No. 6, dated February 13, 1987.

A special receipt date of May 1, 1987, for NRSA Fellowships for Research Training in Primary Care Disciplines was established on a one time only basis to allow review in August for awards to be made in September 1987.

In the future, the customary NIH receipt dates will apply. The application receipt dates have been changed to conform with NIH customary procedure.

Application Receipt Date	Initial Review Meeting	Second Level Review Approximate	Earliest Approximate Start Date
January 10	May	August	September 1
May 10	September	December	January 1
September 10	January	April	May 1