NIH GUIDE

For Grants and Contracts

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The NIH Guide announces scientific initiatives and provides policy and administrative information to individuals and organizations who need to be kept informed of opportunities, requirements, and changes in extramural programs administered by the National Institutes of Health.

Vol. 17, No. 7
February 26, 1988

Vol. 17, No. 7, February 26, 1988

NOTICES

DATED ANNOUNCEMENTS (RFPs AND RFAs)

NOTICES

Presolicitation for: RESEARCH ON ALCOHOL-RELATED BEHAVIOR THAT INCREASES THE RISK OF AIDS AND/OR RESEARCH ON PREVENTION STRATEGIES TO REDUCE THAT RISK

P.T. 34; K.W. 0404003, 0715020, 0715120

National Institute on Alcohol Abuse and Alcoholism

The NIAAA is contemplating the issuance of a Request for Applications (RFA) on March 25, 1988. The Institute is considering support of research that studies the impact of alcohol consumption on behavior that increases the risk of Acquired Immune Deficiency Syndrome (AIDS) and research that evaluates the effectiveness of strategies to prevent AIDS where alcohol consumption is a mediating variable. It is estimated that in FY88 and 89 combined, $500,000 to $1,000,000 will be available to support such research.

The prevention research focus could be process oriented: applying established models on risk perception, decision making, and relationships between attitudes, cognitions, and knowledge to alcohol-related behaviors that increase the risk of AIDS. Investigators could explore dimensions of the process itself or conduct research on strategies designed to produce appropriate behavior change. Such explorations would obviously contain evaluations of the effectiveness of the preventive interventions.

Relevant research topics might include: risk-taking behaviors among specific target groups, the effect of alcohol use on judgment, decision making, and perception of risk with respect to AIDS, the impact of alcohol as a disinhibitor for indiscriminate sex or intravenous drug use, the consequences of alcohol consumption on the role of women as possible gatekeepers for protective or unsafe sex practices, and the function of alcohol environments (e.g., the "singles bar") as facilitators or disincentives for AIDS-related risk taking behavior.

If issued, the RFA would encourage the submission of applications using multifaceted or singular methodologies indigenous to any discipline that can contribute to this area of prevention research. The number assigned to this RFA is 88-AA-01.

Contact Person:

Donald F. Godwin
Prevention Research Branch
Division of Clinical and Prevention Research
National Institute on Alcohol Abuse and Alcoholism
Parklawn Building, Room 16-C-03
5600 Fishers Lane
Rockville, Maryland 20857
Telephone: (301) 443-1677 or (301) 443-0796

INDIVIDUAL POSTDOCTORAL FELLOWSHIP (F32) APPLICATIONS LETTERS OF REFERENCE

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

National Institutes of Health

The NIH is working to reduce the time required for completion of the receipt, referral, review, and award of individual postdoctoral fellowship (F32) applications. The goal is to cut the current time of eight to nine months in half. Accomplishing this goal would benefit candidates and their sponsors by giving them more time for planning future research training activities.

To help expedite the review process, NIH is now requiring that at least three completed, sealed letters of reference be submitted with each individual fellowship application.

Four copies of the reference forms are included in each fellowship application kit. Candidates should:

1. Send these forms to their referees well in advance of the application submission date, and advise the referees to complete the form and return it to the candidate in a sealed envelope as soon as possible;

2. Request reference reports only from individuals who will be able to return them in time for the application submission. Consider any factor (e.g., illness or overseas sabbatical, etc.) that might cause an inordinate delay;

3. Choose individuals, other than the sponsor of the application, who can make the most meaningful comments about the candidate's qualifications for a research career;

4. If applicable, include a reference from the current mentor or immediate supervisor. If not submitting a reference from the thesis advisor or chief of service, explain why in Item 23 of the application;

5. Where possible, select at least one respondent who is not in the candidate's current department; and

6. Select graduate or medical school referees rather than those from undergraduate schools.

To protect the utility and confidentiality of reference letters, candidates are asked not to open the envelopes. The sealed envelopes should be attached to the original application.

Applications with fewer than three references will be returned. Candidates reapplying (competing continuations or revised applicants) must submit new reference forms to facilitate the expedited review process.

These procedures are effective as of the May 10, 1988, receipt deadlines.

TWO NEW PUBLICATIONS AVAILABLE FROM THE NATIONAL EYE INSTITUTE

P.T. 34; K.W. 1014017, 1002046

National Eye Institute

"1987 UPDATE AND EVALUATION, VISION RESEARCH--A NATIONAL PLAN 1983-1987"

The National Advisory Eye Council's most recent evaluation of the research needs and opportunities in vision research is now available from the NEI. The 354-page "1987 Evaluation and Update" provides assessments by panels of expert consultants of the research needs and opportunities in each of the NEI's major research program areas: Retinal and Choroidal Diseases; Corneal Diseases; Cataract; Glaucoma; and Strabismus, Ambylopia, and Visual Processing. The Update discusses the current status of research, highlights major accomplishments, and outlines the NEI's research priorities. To obtain a copy of the the "1987 Evaluation and Update", please write to:

Mr. Julian Morris
Associate Director for Planning and Reporting
National Eye Institute
National Institutes of Health
Building 31, Room 6A27
Bethesda, Maryland 20892

"CLINICAL TRIALS SUPPORTED BY THE NATIONAL EYE INSTITUTE: EVALUATING NEW APPROACHES TO THE TREATMENT OF EYE AND VISION DISORDERS"

The NEI has published a 67-page booklet, "Clinical Trials Supported by the National Eye Institute: Evaluating New Approaches to the Treatment of Eye and Vision Disorders." The booklet describes 17 randomized controlled clinical trials currently supported by the NEI. This publication gives information on each trial's purpose and design, patient recruitment goal and eligibility criteria, current status, and bibliography. The names of study chairmen, professional and institutional participants, and data and safety monitoring committee members are provided, as well as locations of clinical centers and resource centers. To obtain a copy of the booklet, please write to:

Ms. Judith Stein
Information Officer
National Eye Institute
National Institutes of Health
Building 31, Room 6A32
Bethesda, Maryland 20892

THE MIT CELL CULTURE CENTER

P.T. 36; K.W. 0780005, 0780015

Division of Research Resources

The MIT Cell Culture Center is a national resource available for researchers to obtain large quantities of animal cells, cell products, and viruses. The primary goal of this large-scale production center is to allow scientists to conduct research that they can not accomplish with the facilities available in their own laboratories. The Center, headed by Dr. Phillip A. Sharp, provides cells in suspension and monolayer cultures, typically in amounts ranging from 10 to 200 liters of suspension culture cells and 50 to 200 roller bottles of cells. Previous projects have included: 100 roller bottles of Balb 3T3 cells, 200 liters of HeLa S-3 cells, and 800 liters of a human lymphoblastoid cell line. An application form, obtained from the Center, must contain a description of the relevant research project. Following the approval of the application by the Operating Committee of the Center, the investigator sends a stock of the cells or virus to the Center, and the stock is then grown to the requested amount. Researchers are charged only for the consumable material used on the project plus a small portion of the labor costs. Application forms and inquiries should be directed to:

Donald J. Giard
Director, MIT Cell Culture Center
E17-321
Massachusetts Institute of Technology
Cambridge, Massachusetts 02139
Telephone: (617) 253-6430

The Center also contains a Cell Sorter Laboratory for flow cytometry and sorting. Available instrumentation includes the System 60H by Ortho Diagnostics Systems interfaced with the model 2150 computer unit for data aquisition, storage, and analysis. The Center welcomes inquiries about special needs for researchers' projects. Users are required to pay a fee to cover part of the operational costs. Inquiries about the cell sorter services should be directed to:

Mr. Paul Kaye
E17-358
Massachusetts Institute of Technology
Cambridge, Massachusetts 02139
Telephone: (617) 253-6454

The MIT Cell Culture Center is supported by the Division of Research Resources, NIH.

GUIDELINES FOR FEDERAL STATISTICAL ACTIVITIES

P.T. 34, 16; K.W. 1010013, 1014002

Office of Management and Budget

The Office of Management and Budget (OMB) recently published a proposed circular dealing with Federal statistical activities. The following summary of the circular appeared in the Federal Register Vol. 53, No. 12, January 20, 1988, pages 1542-1552:

"The Office of Management and Budget (OMB) is soliciting public comment on a draft OMB circular that would revise government-wide guidance for planning and conducting sttistical surveys, publishing statistical data, documenting statistical methods and procedures, and using standard statistical classifications, definitions, and data sources. The guidance, which applies to all Federal agencies subject to the Paperwork Reduction Act of 1980, is intended to assure that the results of statistical surveys and studies sponsored by the Federal government are as reliable and useful as possible and that statistical activities are conducted as efficiently as possible."

The draft circular covers the following topics: 1) planning statistical surveys; 2) treatment of respondents; 3) statistical publications; 4) documentation of methods and procedures; 5) compilation, release, and evaluation of principal Federal economic indicators; 6) use of standard classifications data sources, and definitions; and 7) provision of statistical data to international organizations. It would affect statistical studies conducted under contracts and a few types of grants and cooperative agreements.

Comments must be received on or before April 19, 1988, as specified in the Federal Register notice.

DATED ANNOUNCEMENTS (RFPs AND RFAs)

CLINICAL COORDINATING CENTER FOR A REGISTRY OF PATIENTS WITH SEVERE CONGENITAL DEFICIENCY OF ALPHA1-ANTITRYPSIN

RFP AVAILABLE: NHLBI-HR-88-05

P.T. 34; K.W. 0755015, 1010013, 0715165

National Heart, Lung, and Blood Institute

The Division of Lung Diseases, National Heart, Lung, and Blood Institute (NHLBI), is soliciting proposals from offerors who are willing to serve as a Clinical Coordinating Center for a registry of patients with severe congenital deficiency of alpha1-antitrypsin. The purpose of the registry will be to collect data from participating clinical centers on patients with alpha1-antitrypsin deficiency including those who receive replacement therapy with intravenous preparation of alpha1-proteinase inhibitor concentrate which was recently approved for use by the Food and Drug Administration.

The primary objectives of the registry will be:

1 to characterize the clinical course of severe congenital alpha1-antitrypsin deficiency; and

2 to follow the clinical and laboratory course of patients undergoing long-term replacement therapy.

A secondary objective will be to identify any adverse reactions of the replacement therapy.

A coordinating center with proven competence in clinical data coordinating center activity, biostatistics and pulmonary medicine will be selected to conduct the registry according to a protocol developed by the Division of Lung Diseases, NHLBI, in consultation with a committee of outside experts in the field. Data on patients with congenital deficiency of alpha1-antitrypsin (<50 mg/dl) will be collected from approximately 50-60 participating clinical centers. About 1,000 patients are expected to be followed for 3-5 years, including those receiving the replacement therapy. The protocol will not dictate the type of treatment, if any, to be received by the individual. Data necessary to meet the objectives of the registry will be collected from the participating clinical centers. The registry is expected to be active for 6 years, including six months for start-up preparations and six months for final data analysis.

The coordinating center will develop a manual of operations and the necessary forms for collection of patient data from the participating clinical centers. The coordinating center will collect patient data from the clinical centers, monitor the data for quality, store these data in a computerized format suitable for statistical analysis, and provide periodic data and status reports to the program office. The coordinating center will also be responsible for analysis of hard-copies of spirometric lung function tests received from the clinical centers. The total data to be accumulated in the registry will be for approximately 1,000 patients. The coordinating center will perform statistical analyses of the data in accordance with the objectives of the registry.

The coordinating center will interact with each component of the registry as necessary. The Center will manage reimbursement of fees to the clinical centers for submission of patient data forms. Semiannually it will provide brief summary reports on the status of the registry to the clinical centers. The coordinating center will assist the program office in organizing an annual meeting, to be attended by representatives of the participating clinical center, to discuss the progress of the registry. As necessary (approximately twice each year), the coordinating center will organize meetings of the Steering Committee and will present reports on the status of the registry as well as analysis of data to the Committee and assist it in interpretation of data and in preparation of any publications resulting from this project.

This announcement is not a request for proposals (RFP). It is anticipated that RFP-NHLBI-HR-88-05 will be available on or about March 15, 1988, with proposals due on May 15, 1988. Copies of the RFP may be obtained by written requests addressed to:

Douglas W. Frye, Contracting Officer
for the Division of Lung Diseases
Contract Operations Branch
National Heart, Lung, and Blood Institute
Westwood Building, Room 654
5333 Westbard Avenue
Bethesda, Maryland 20892

This request should include three (3) self-addressed mailing labels.

VARIABLE FIELD T1 AND T2 ANALYZER: DESIGN AND CONSTRUCTION

RFP AVAILABLE: NIH-NINCDS-88-06

P.T. 34; K.W. 1014001

National Institute of Neurological and Communicative Disorders and Stroke

The National Institute of Neurological and Communicative Disorders and Stroke has a requirement for the design, fabrication and delivery of a device referred to as a Variable Field T1 and T2 Analyzer. This device shall be capable of producing precise and and accurate measurements of the T1 and T2 relaxation times of the proton nuclear magnetic resonance of water, using pulse techniques. The probes must accommodate sample tubes 1 cm in diameter and have a sensitive hight of at least 1.5 cm. The desired range of magnetic field strengths is from 0.02 Tesla to 1.5 Tesla or higher, although smaller ranges will be considered.

Offerors should have experience in nuclear magnetic resonance technology.

The Government anticipates one contract award for the performance period of one (1) year.

to receive a copy of the RFP, please supply this office with two self-addressed mailing labels. Requests must cite the RFP number referenced above. All responsible sources may submit a proposal which will be considered by the agency. RFP-NIH-NINCDS-88-06 will be issued on or about March 4, 1988, with the closing date for receipt of proposals set for April 18, 1988. The RFP will be available upon written request to:

Contract Specialist
Contracts Management Branch, NINCDS
National Institutes of Health
Federal Building, Room 901
Bethesda, Maryland 20892

POSITRON EMISSION TOMOGRAPH (PET) SCANNER

RFP AVAILABLE: NIH CL-88-04

P.T. 34; K.W. 0735015, 0785190

Clinical Center

The Clinical Center (CC) has a requirement for a dedicated head and/or a whole body PET scanner. Multiple awards are anticipated.

This is an announcement of an anticipated request for proposal. RFP NIH CL-88-04 will be issued on or about February 26, 1988, with a closing date for receipt of proposals set for approximately April 8, 1988.

The RFP package will be available upon request to:

Barbara H. Duke
Research Contracts Branch, DCG/OA/OD
National Institutes of Health
Building 31, Room 1B44
Bethesda, Maryland 20892

LITERATURE SURVEILLANCE AND SELECTION OF PROMISING NATURAL PRODUCTS

RFP AVAILABLE: NCI-CM-97562-27

P.T. 34; K.W. 1103002, 1004017, 0750025, 1003012

National Cancer Institute

The Natural Products Branch (NPB), Developmental Therapeutics Program (DTP), Division of Cancer Treatment (DCT), National Cancer Institute (NCI), is seeking organizations having capabilities, resources and facilities to: (1) perform literature searches of pertinent current journals and abstracting services in and related to the natural product area; (2) identify and review articles and abstracts relating to antineoplastic agents in 150-200 different journals; (3) select information on new natural product compounds which may be active against cancer; and (4) select previously reported natural products and their analogs showing newly reported biological activities related to anticancer activity.

Sources of the natural products will be plants and animals, including microbial, fungal, and marine sources. Reports will provide data on (a) chemical composition and (b) biological activity of extracts of purified compounds obtained from natural products.

The definition of natural products chemistry, generally accepted by the scientific community, is the chemistry of the isolation, identification, and metabolic pathways of compounds originating from plants, animals (both vertebrates and invertebrates, including insects), marine organisms, bacteria, algae, and fungi. Although in the broadest sense it may include humans, rodents and other animals and their products used in cancer research, for this project the study of natural products includes only those organisms mentioned above and their products. Therefore, research experience with humans, rodents, or other experimental animals, or their products, will not reflect experience of the sort required for this project. It is preferred that the principal investigator (PI) shall have a Ph.D. degree in organic, medicinal or natural products chemistry, or a closely related discipline, and should have training in and recent experience with natural products structures (at least 5 years) and chemical searches (at least 2 years) as well as experience with evaluation and interpretation of biological data, preferably in the cancer area (at least 5 years). The P.I. should have in-depth knowledge of the natural products area and ready familiarity with organic and medicinal chemistry for the selection of articles and chemical structures of probable interest to NCI.

It is anticipated that an incrementally funded contract will be awarded for a period of three years beginning on or about October 26, 1988.

RFP No. NCI-CM-97562-27 will be issued on or about February 26, 1988, and proposals will be due approximately six (6) weeks thereafter. The proposed procurement is under a 100 percent small business set-aside, the size standard for which is 500 employees.

The RFP Package will be available upon written request to:

Johnny Jordan
Contract Specialist
Treatment Contracts Section, RCB
National Cancer Institute, NIH
Blair Building, Room 216
Bethesda, Maryland 20892
Telephone: (301) 427-8737

CONSEQUENCES OF EARLY CHILDBEARING IN THE 1980'S

RFP AVAILABLE: NICHD-DBS-88-6

P.T. 34; K.W. 0775020, 0413002, 0417000, 0730005, 0730010

National Institute of Child Health and Human Development

The Demographic and Behavioral Sciences Branch, Center for Population Research, National Institute of Child Health and Human Development, has a requirement for analyses of the consequences of early childbearing in the 1980's, using available data. The goal of this project is to use this analyses to determine whether the consequences of early childbearing have lessened, stayed the same, or increased in severity and magnitude over the

past decade. This project would update what is known about the socioeconomic and health consequences of adolescent pregnancy and childbearing for young mothers, fathers, and other family members. The project would be restricted to the analyses of extant data. It is anticipated that several awards will be made under this RFP for a period of approximately 1 to 2 years.

The basic objectives of this effort will be to review existing research on the consequences of early childbearing for the mother, the father or other family members in at least one of the following areas: Education, Fertility, Marriage/Divorce, Poverty, Health, etc.; for the children: School Achievement, Social Competence, Personality, etc. The offeror will also be required to evaluate the methodology of previous studies in the areas selected, analyze the selected data set(s) to evaluate the consequences of early childbearing in the 1980's in the areas selected, compare the results with the results obtained from prior studies, and prepare a written report on the result of the study and the comparison.

Performance of the specified project requires behavioral/ social scientists with expertise in one or more of the relevant disciplines including demography, sociology, psychology, economics, and public health. The offeror must also have demonstrated expertise in the area of early pregnancy and childbearing.

RFP-NICHD-DBS-88-6 will be issued on or about March 14, 1988. Responses to the RFP will be due approximately 60 days thereafter. Copies of the RFP may be obtained by enclosing a self-addressed label and sending written requests to the following address:

Paul J. Duska, Contracting Officer
Contracts Management Section, OGC
National Institute of Child Health and Human Development
Landow Building, Room 6C-25
7910 Woodmont Avenue
Bethesda, Maryland 20892

CENTERS FOR AIDS RESEARCH

RFA AVAILABLE: 88-AI-08

P.T. 04; K.W. 0715120, 0715125, 0710030, 0785035

National Institute of Allergy and Infectious Diseases

Letter of Intent Date: March 25, 1988
Application Receipt Date: May 6, 1988

Background Information

The NIAID is establishing a new "Centers for AIDS Research" (CFAR) program, and invites applications for a limited number of awards in FY88 for AIDS Research Center Core Support Grants. The purpose of the CFAR is to facilitate the development of new knowledge from various relevant biomedical sciences and/or the application of such knowledge to clinical investigations with the ultimate goal of achieving improved diagnosis, treatment, and prevention of AIDS and its sequelae.

RESEARCH GOALS AND SCOPE

The AIDS Research Center Core Support Grant is intended to enhance and extend the effectiveness of groups of related research projects and investigators already funded through other peer-reviewed support mechanisms such as Research Grants, Cooperative Agreements or Research Contracts. The eligible Centers must have an established base of research excellence and the Center Core Support Grant is designed to support those activities that will consolidate and focus AIDS-related efforts in a coordinated administrative and scientific programmatic structure. The Center Core Support Grant is intended to contribute to the stability and further development of the Center, and to provide administrative, research and leadership support for Center activities.

MECHANISM OF SUPPORT

Specifically, the Center Grant initiative will provide funding for: 1) certain shared equipment, space, and facilities; 2) facilitating the integration of basic with clinical and applied research on HIV infection; 3) discretionary or development funding required to support efforts of new investigators until independent funding is secured; 4) the scientific administrative apparatus which "glues" together independent research supported

by other funding instruments; 5) senior leadership personnel who have the responsibility for overall direction of the Center; 6) leaders of each proposed core component or shared resource or service; 7) alteration and renovation of existing structures to provide suitable facilities for AIDS or AIDS-related research; and 8) the costs of planning and evaluation of the Center by an external Advisory Committee.

The NIAID has set aside $9.5 million (total costs) for the initial year's funding. NIAID anticipates the award of six to eight AIDS research center core support grants in fiscal year 1988. Grants will be funded for up to five years starting on or before September 30, 1988.

ELIGIBILITY

Applications from domestic academic, nonprofit or for-profit research institutions are eligible for awards. Support of all Center activities will be coordinated through a Central Operations Office located within the applicant organization.

Each applicant must have at least $750,000 (direct costs) of current NIH support for ongoing research projects in areas relevant to AIDS research. This may include research grants, contracts and/or Cooperative Agreements. An applicant may be a single institution or a consortium. Eligible current support must have been obtained through the NIH peer review mechanism. At least two of the component-funded projects or one multidisciplinary program (e.g., a P01) must be NIAID-supported. Only domestic institutions are eligible to apply. Applicants may request funding for up to five years.

INQUIRIES

Additional information and a copy of the full RFA may be obtained from:

Martin Padarathsingh, Ph.D.
Chief, Pathogenesis Branch
AIDS Program
NIAID, NIH
Executive Blvd Bldg., Room 252P
Bethesda, Maryland 20892
Telephone: (301) 496-8378

The RFA label (found in the 9/86 revision of application form PHS 398) must be affixed to the bottom of the face page of the original copy of the application. Failure to use this label could result in delayed processing of your application such that it will not reach the review committee in time for review.

NOTE

The Division of Research Resources also plans to initiate a program of AIDS infrastructure improvements. Grants would be awarded to domestic institutions for the repair, renovation, modernization and expansion of existing facilities and for the purchase of associated equipment. A pre-solicitation notice will be published in the March 4, 1988 issue of the NIH Guide for Grants and Contracts. For further information, contact:

Mr. C. Alan Moore
Division of Research Resources
Building 31, Room 5B23
Bethesda, Maryland 20892
Telephone: (301) 496-0804

EFFECTS OF NON-PARENTAL INFANT DAY CARE ON CHILD DEVELOPMENT REQUEST FOR COOPERATIVE AGREEMENT APPLICATION

RFA AVAILABLE: 88-HD-08

P.T. 34; K.W. 0404004, 0414005, 0730005

National Institute of Child Health and Human Development

Application Receipt Date: May 23, 1988

The National Institute of Child Health and Human Development (NICHD) invites applications from investigators willing to design and carry out studies about infant day care and its possible impact on the emotional, social and cognitive development of children.

BACKGROUND

In 1987, 52 percent of mothers whose youngest child was under two years of age were in the labor force. At a minimum, two-thirds of them worked full time. There is believed to be substantial variability in the extent, the type and the quality of the care that infants of employed mothers receive both when the mothers are at work and when they return home. The research literature does not, however, shed sufficient light on the relationship between variations in the life conditions of infants of working mothers and the many aspects of the psychological development of these infants. Likewise, the extant research literature does not allow us to determine if the proportion of the children whose mothers were employed while they were infants and who develop into children who are not competent or well adjusted is larger than the proportion of children whose mothers were not employed during their infancy and who develop to be "problematic." It is also not known whether children who were infants of employed mothers and who appear to be doing well, perform somewhat less optimally than children whose mothers did not work away from home when they were infants. At this point in time it is clear that excellent prospective longitudinal research is needed in order to be able to answer questions about (a) the life conditions of infants of employed mothers as compared to those of infants of mothers who stay home and (b) the extent to which the type and the quality of the care that infants of employed mothers receive play a role in the emotional, social and cognitive concurrent and long-term development of children.

RESEARCH GOALS

The NICHD is interested in supporting research that provides interrelated detailed information about (a) the care that infants of employed mothers receive when their mothers are at the work place; (b) the care these infants receive when their mothers return from work (e.g. during evenings and on weekends); and (c) the emotional, social and cognitive development of children of employed mothers about whose care in infancy information is available. It is expected that the experiences and development of children of employed mothers will be compared with the experiences and development of children of mothers of similar socio-cultural background who were not employed during their children's infancy. The research methodologies that are being called for include ones that can be subsumed under the general rubric of prospective and longitudinal research.

Within the above general research scheme, each principal investigator will propose and work on research questions of interest to him or her. In addition to carrying out the investigator-initiated agenda, investigators whose research will be selected for funding will be asked to reach an agreement among themselves on common research elements which will be carried out by all or most of the supported projects.

The NICHD program staff will assist the principal investigators of the selected projects in identifying research questions that are of the highest priority and in designing an optimal, mutually agreed upon research plan that specifies a set of research measures and a time schedule for testing the children. This strategy will insure that data from different sites can be aggregated in order to answer the most important research questions regarding the effects of infant daycare on children's psychological development.

Following the selection of the fundable applications, the research plan will be comprised of four phases:

Phase 1: Review and identification of issues of importance regarding the psychological effects of infant daycare.

Phase 2: Design of research elements to be accepted in common by participating principal investigators and to be carried out in all or most of the research sites.

Phase 3: The carrying out of the research, including data collection, coding, entry into the computer, preliminary analyses and reporting.

Phase 4: (This phase will overlap with phase 3). Data analyses and writing of reports. Termination of unfruitful directions. Initiation of other directions, if necessary. The delineation of future research needs.

MECHANISM OF SUPPORT

The funding mechanism to be used to assist the scientific community in undertaking this investigation will be the Cooperative Agreement between the funded applicants and NICHD. The major difference between a Cooperative Agreement and a research grant is that there will be substantial programmatic

involvement of NICHD staff above and beyond the levels required for traditional program management of grants.

It is anticipated that approximately 6 to 8 applications will be funded and will be involved in the Cooperative Agreement. The period of the Cooperative Agreement will be five years.

APPLICATION AND REVIEW PROCEDURES

Applications must be submitted on form NIH 398 (revised 9/86) which includes form HHS-596 dealing with protection of human subjects.

The RFA label (found in the 9/86 revision of application form PHS 398) must be affixed to the bottom of the face page of the original copy of the application. Failure to use this label could result in delayed processing of your application such that it will not reach the review committee in time for review.

The deadline for receipt of applications is May 23, 1988. Applications received after this date will not be considered. The need for continuous and active communication among the funded projects mandates that only institutions in the United States will be eligible for participation.

APPLICATION RECEIPT DATE: May 23, 1988
INITIAL REVIEW: August/September 1988
COUNCIL REVIEW: January 1989
EARLIEST START DATE: April 1, 1989

Applications in response to this announcement will be reviewed in accordance with the usual Public Health Service peer review procedures for research grants (Study Section). Review criteria include the qualifications, experience and commitment of key personnel, the responsiveness of the research plans to the RFA, the adequacy of the facilities and the management plan. Funding decisions will be based on the recommendations of the Initial Review Group (Study Section) and of the National Advisory Child Health and Human Development Council.

ADDITIONAL INFORMATION

Potential applicants are encouraged to request the detailed request for application by writing to:

Sarah L. Friedman, Ph.D.
Health Scientist Administrator
Human Learning and Behavior Branch
National Institute of Child Health and Human Development
Executive Plaza North, Room 633
6130 Executive Boulevard
Bethesda, Maryland 20892

PREVENTIVE PULMONARY ACADEMIC AWARD

P.T. 34; K.W. 0715165, 0745055

National Heart, Lung, and Blood Institute

Application receipt date: July 22, 1988

The Division of Lung Diseases (DLD), National Heart, Lung, and Blood Institute (NHLBI), National Institutes of Health (NIH), announces the third competition for the Preventive Pulmonary Academic Award. The dual objectives of this award are to encourage (1) the development and/or improvement of the teaching of prevention of respiratory diseases in both undergraduate and graduate medical training and (2) research in methods for the prevention of lung diseases. It is anticipated that approximately four awards will be made.

ELIGIBILITY: A candidate for this award must be a physician, with both clinical and academic skills, who is an established faculty member in an accredited academic medical institution. The candidate must commit a minimum of 50 percent effort to the program. An institution sponsoring a candidate for the award must show commitment to developing and improving the teaching of prevention of lung diseases, identifying educational resources, allowing time for the awardee to acquire educational skills, and providing facilities for research.

PROVISION OF THE AWARD: This award will provide up to $40,000 salary support for the awardee plus appropriate fringe benefits and up to $20,000 a year for related research support. In addition, each awardee may apply for up to $10,000 for technical assistance; the use of these funds will be coordinated among all awardees and must be approved by the Division of Lung Diseases, NHLBI. Funds will be provided for the reimbursement of actual indirect costs at a rate up to, but not exceeding, eight percent of the total direct costs of each award, exclusive of tuition, fees, and expenditures of equipment.

This program is described in the Catalog of Federal Domestic Assistance number 13.838. Awards will be made under the 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 most specifically 42 CFR Part 52 and 45 CFR Part 74. This program is not subject to intergovernmental review requirements of Executive Order 12372 or to Health Systems Agency Review.

CURRICULA DEVELOPMENT AND RESEARCH PLANS: Curricula topics which might be addressed include identification of and interventions with populations at risk for respiratory disease, identification of genetically and occupationally linked respiratory diseases, prevention of respiratory infections, methods for encouraging smoking cessation, and respiratory disturbances during sleep. Research topics might include methods of intervening with populations at risk, methods for teaching prevention, smoking cessation, self-management of chronic lung diseases, and cost effectiveness of preventive measures. Multidisciplinary approaches are encouraged.

Letter of intent: Prospective applicants are asked to submit a one-page letter of intent. Such letters are requested for the purpose of obtaining an indication of the number of applications to be received, and, therefore, the NHLBI usually does not acknowledge their receipt. A letter of intent is not binding nor is it a necessary requirement for application. This letter should be received no later than June 15, 1988, and sent to:

Fred P. Heydrick, Ph.D.
Contracts, Clinical Trials, and
Training Review Section
Review Branch
Division of Extramural Affairs, NHLBI
Westwood Building, Room 548
Bethesda, Maryland 20892

TIMETABLE:

Letter of Intent	June 15, 1988
Application Receipt Date	July 22, 1988
Technical Review (which may include interviews conducted by the Division of Extramural Affairs in Bethesda, MD with applicants)	October/November 1988
Advisory Council Review	February 9-10, 1989
Award Date	June 1, 1989

Request for Guidelines for the Preventive Pulmonary Academic Award (Revised 8/87) should be directed to:

Joan M. Wolle, Ph.D., M.P.H.
Health Scientist Administrator
Prevention, Education, and Research Training Branch
Division of Lung Diseases, NHLBI
Westwood Building, Room 640
Bethesda, Maryland 20892
Telephone: (301) 496-7668

RESEARCH ON INFECTIOUS AGENTS IN THE ETIOLOGY OF RHEUMATOID ARTHRITIS

P.T. 34; K.W. 0715010, 0715125, 0715170, 0755030

National Institute of Arthritis and Musculoskeletal and Skin Diseases

BACKGROUND INFORMATION

Research into the causes of various rheumatic diseases is entering into a period of increased productivity with the identification of specific immunogenetic determinants in many diseases and disordered immunoregulation in others. The concepts generated by these new findings, however, have not led

to a complete explanation of the etiopathogenesis of any of these diseases.

The National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) has reported several research advances on rheumatoid arthritis. Through recombinant DNA biotechnology, two new DNA fragments have been discovered that pinpoint the exact site on the chromosomes where susceptibility to rheumatoid arthritis resides and the gene for rheumatoid factor has been successfully cloned. Concomitantly, there is great current interest in an initiating role for one or another infectious agent in rheumatoid arthritis and many of the other rheumatic diseases. That Lyme arthritis is caused by spirochetal bacteria has further energized this interest. Bacterial cell wall components containing peptiodoglycans have recently been proposed as agents responsible for some cases of chronic arthritis. In rheumatoid arthritis, from recent research, candidate agents of considerable interest include mycoplasma, EB virus, retrovirus, and DNA parvovirus. Powerful methods and new tools have been developed that can be used to detect and characterize microorganisms in joints and other tissues. Klebsiella, Yersinia, Chlamydia, Shigella, and Salmonella bacteria have all been implicated in the spondyloarthropathies (ankylosing spondylitis, Reiter's syndrome, et al.).

RESEARCH GOALS AND SCOPE

Great interest exists in pursuing the theory of an infectious cause for rheumatoid arthritis and the search for specific infectious agents as initiators of this major crippler among the rheumatic diseases should be intensified. The NIAMS is eager to fund a new research initiative in this area. Improvements in culture techniques, the isolation of microorganisms, and antigen recognition in tissues will help to provide new methodologies with which to determine the role that microorganisms may play in triggering rheumatoid arthritis.

The current available knowledge and technical resources applicable to a possible infectious etiology of rheumatoid arthritis requires the interrelation of concepts that involve the host and an inciting agent. These might include genetics, the immune response and subtle differences in the response of susceptible and resistant hosts. As a result, the interdisciplinary nature of these investigations warrants overlapping expertise and important interfacing in a number of areas and scientific disciplines. These include bacteriology, virology, immunology, pathology, molecular biology, biochemistry, and tissue culture biomethodology, as they apply to the exploration of infectious agents in the etiology and pathogenesis of rheumatoid arthritis.

The research areas and disciplines listed are not in any intended order of established priority. Research activities need not be limited to the proposed topics cited but should be directed toward the development of new information and advanced concepts in the infectious etiology and pathogenesis of rheumatoid arthritis and may also include work with infectious agents in related rheumatic diseases.

MECHANISM OF SUPPORT

The support mechanism for this program will be the traditional investigator-initiated research project grant in which 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 existing policy for grant support.

Applications will be selected for funding based primarily on scientific and technical merit and potential scientific contributions consistent with the terms of this announcement.

Awards will be made on an annual basis to applicants who succeed in the national competition for funds available to the research programs of the Institute. Support will be provided for up to five years (renewable for subsequent periods) subject to the availability of funds and progress achieved. Since a variety of approaches would represent valid responses to this solicitation, it is anticipated that there will be a range of costs among individual grants awarded. With respect to post-award administration, the current policies and requirements that govern the regular research grant programs of the NIH will prevail.

Research grant applications may be submitted by non-profit organizations and institutions, units of state or local government, for profit organizations, and eligible agencies of federal government.

REVIEW PROCEDURES AND CRITERIA

Applications in response to this solicitation will be received by the National Institutes of Health, Division of Research Grants (DRG), referred to an appropriate Initial Review Group for scientific merit review, and assigned to the NIAMS for council review and potential funding, unless programmatic considerations indicate more appropriate assignment to another Institute, such as the NIAID. Applications considered unresponsive may be withdrawn or considered for the regular grant program after consultation with the applicant. Simultaneous submission of identical applications will not be permitted. These decisions will be governed by the normal DRG Referral Guidelines.

METHOD OF APPLYING

Applications should be submitted on form PHS 398, which is available in the grants and contracts business office or office of sponsored research at most academic and research institutions or from the Office of Grants Inquiries, Division of Research Grants (DRG), NIH. Space #2 on the first page of the form should be used to indicate the title of the Program Announcement. The original and six copies of the application should be sent or delivered to:

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

The initial deadline date is: June 1, 1988. Applications will be welcomed in this area in the future and will be accepted in accordance with the usual NIH receipt dates for new applications.

IDENTIFICATION OF CONTACT POINTS

General information and more detailed information about application procedures may be obtained from:

Lawrence M. Petrucelli, Ph.D.
Arthritis Program Director
National Institute of Arthritis and
Musculoskeletal and Skin Diseases
Westwood Building, Room 405
Bethesda, Maryland 20892

MENTAL HEALTH CLINICAL TRAINING GRANTS: INDIVIDUAL FACULTY SCHOLAR AWARDS

P.T. 22; K.W. 0720005, 0414004, 0785185, 0404010

National Institute of Mental Health

The National Institute of Mental Health (NIMH) requests applications for Mental Health Clinical Training Grants: Individual Faculty Scholar Awards (MH-88-03). The purpose of these awards is to support clinical training to develop a cadre of academically based teachers/clinicians who will guide the training of professionals in the core mental health disciplines (clinical psychology, psychiatric nursing, psychiatry, and social work). Applications for Faculty Scholar Awards must focus on one of the four designated priority areas: schizophrenia; mood disorders; severe mental disorders of children and adolescents; and the major mental disorders of the aging. The period of support for an individual receiving the Faculty Scholar Award is 1-3 years. Support for the second and third years of an award is contingent upon availability of funds and receipt of an application annually. Grants will be awarded directly to the academic institution on behalf of the specific nominee. Salary support up to a maximum of $45,000 per year is based on a full-time, 12-month staff appointment, consistent with the established salary structure at the institution. Costs for professional development may be provided, up to a maximum of $25,000 per year. NIMH will accept applications for clinical training grants in this area under the single receipt date of April 18, 1988. Applicants must use the Public Health Service application kit (PHS 398, Rev. 9/86). Staff consultation on Faculty Scholar Awards is available from the following:

Psychiatric Nursing -
Dr. Jeanette G. Chamberlain
Chief, Psychiatric Nursing Education Program
Room 7C-06
Telephone: (301) 443-5850

Psychiatry -
Dr. Melvyn R. Haas
Chief, Psychiatry Education Program
Room 7C-10
Telephone: (301) 443-2120

Psychology -
Dr. Paul Wohlford
Chief, Psychology Education Program
Room 7C-06
Telephone: (301) 443-5850

Social Work -
Dr. Neilson F. Smith
Chief, Social Work Education Program
Room 7C-06
Telephone: (301) 443-5850

The mailing address for all of the above is:

Division of Education and Service Systems Liaison
National Institute of Mental Health
Parklawn Building, 5600 Fishers Lane
Rockville, Maryland 20857

Staff consultation on clinical training grants in relation to elderly individuals with mental disorders is available from:

Coordinator of Clinical Training
Mental Disorders of the Aging Branch, Division of
Clinical Research, NIMH
Room 11C-03, Parklawn Building
5600 Fishers Lane
Rockville, Maryland 20857

**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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