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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. 20, No. 14
April 5, 1991

NOTICES

NOTICES OF AVAILABILITY (RFPs AND RFAs)

ONGOING PROGRAM ANNOUNCEMENTS

NOTICES

HUMAN LIVER CELL CULTURE FACILTY

P.T. 34; K.W. 0780005, 0780015

National Institute of Diabetes and Digestive and Kidney Diseases

The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) announces the establishment of a Human Liver Cell Culture Facility for the purpose of making human hepatocytes more widely accessible to researchers.

NIDDK supports the acquisition of excess normal human livers from organ transplant donors and the isolation and culture of hepatocytes from these tissues. Human liver cells in high yield are being routinely prepared. Quality control data on initial viability, survival in culture, selected liver specific functions, and donor information (e.g., age, sex, race, and cause of death) are available.

The human liver cells can be used in the Facility by a visiting investigator who is resident at the laboratory or who comes only when cells are available. In addition, hepatocytes can be shipped as attached monolayer cultures within 24 hours of isolation to an investigator's laboratory. Selected experiments with human hepatocytes can be conducted for researchers by Facility personnel, when time permits, but the costs of these special assays are not covered by the NIDDK support and must be reimbursed. Facility personnel are also

available to train investigators in the preparation and handling of human hepatocytes.

All United States researchers are eligible to obtain human hepatocytes. However, those whose studies can provide additional characterizations of the cells or contribute to the further development of this resource are especially encouraged. Research requests are reviewed and prioritized by an advisory committee. To obtain a proposal form or additional information about the Facility contact:

Dr. Carol E. Green
SRI International
333 Ravenswood Avenue
Menlo Park, CA 94025
Telephone: (415) 859-4083
FAX: (415) 859-3342

NATIONAL WORKSHOPS ON "PROTECTION OF HUMAN SUBJECTS"

P.T. 42; K.W. 0783005

National Institutes of Health
Food and Drug Administration

The National Institutes of Health (NIH) and the Food and Drug Administration (FDA) are continuing to sponsor a series of workshops on the responsibilities of researchers, Institutional Review Boards (IRBs), and institutional officials for the protection of human subjects in research. The workshops are open to everyone with an interest in research involving human subjects. The meetings should be of special interest to those persons currently serving or about to begin serving as a member of an IRB. Issues discussed at these workshops are relevant to all other Public Health Service agencies. The current schedule includes the following:

MIDWEST WORKSHOP

DATES: April 11-12, 1991

PLACE:
Ramada Inn, Lakeshore
4900 South Lake Shore Drive
Chicago, IL 60615

SPONSORS:
University of Chicago
970 East 58th Street
Chicago, IL 60637

Chicago State University
95th Street at King Drive
Chicago, IL 60628

REGISTRATION CONTACT:
Mr. Arnold L. Aronoff
Associate Director
Faculty and Administrative Services
University Research Administration
University of Chicago
970 East 58th Street
Chicago, IL 60637
Telephone: (312) 702-8669

TOPIC: Cultural Diversity, Ethics, and Research: A Workshop on Human Subject Protection

NIH/FDA have planned workshops on human subject protections in other parts of the United States. For further information regarding these workshops contact:

Darlene Marie Ross
Executive Assistant for Education
Division of Human Subject Protections
Office for Protection from Research Risks
National Institutes of Health
9000 Rockville Pike (Bldg. 31, Room 5B59)
Bethesda, MD 20892
Telephone: (301) 496-8101

PROGRESSION OF JUVENILE PERIODONTITIS IN THE U.S.A. AND ASSOCIATED RISK MARKERS

RFP AVAILABLE: NIH-NIDR-2-91-7R

P.T. 34; K.W. 0715148, 1002027, 0765035, 0413001

National Institute of Dental Research

The National Institute of Dental Research (NIDR) has a requirement for a three-year, follow-up study of the NIDR Survey of Oral Health of United States Children that was carried out in 1986-1987. The analysis of data from the survey identified a number of individuals with juvenile periodontitis. The objectives of this proposed project are: (1) to assess the progression of periodontal destruction among the cases of juvenile periodontitis, (2) to characterize the microbial ecology of the subgingival plaque, (3) to describe periodontal destruction and the presence of biologic and non-biologic putative risk markers among the probands' similar aged siblings, and (4) to compare the presence and concentration of selected putative pathogens, host-resistance factors, and non-biologic factors among individuals with juvenile periodontitis to individuals without the disease, controlling for demographic or other confounding variables.

This is an announcement for an anticipated Request for Proposals (RFP). RFP No. NIH-NIDR-2-91-7R will be available approximately April 19, 1991, with a tentative closing date for proposals set for June 3, 1991. Requests for the RFP must be submitted in writing to:

Marion L. Blevins
Contract Management Section
National Institute of Dental Research
National Institutes of Health
Westwood Building, Room 521
Bethesda, MD 20892

ORAL IRON CHELATOR TOXICITY IN ANIMALS

RFP AVAILABLE: NIH-NIDDK-91-5

P.T. 34; K.W. 1007009, 0715032, 0740020

National Institute of Diabetes and Digestive and Kidney Diseases

The National Institute of Diabetes, and Digestive and Kidney Diseases (NIDDK), Division of Kidney, Urologic, and Hematologic Diseases, is seeking to procure the preclinical toxicologic evaluation of selected oral iron chelating compounds for use in the safe and effective removal of iron deposits in patients with iron overload condition (e.g., Cooley's Anemia and orphan diseases). A clinical evaluation is not desired at this time. The contractor shall conduct toxicologic and related studies of selected iron chelating compounds in rats, dogs, and other animals, as directed by the Government, and shall provide resulting toxicologic information to the NIDDK for use in preparing submissions to the Food and Drug Administration for approval of eventual clinical studies. The drugs under development are considered to be orphan drugs. This Request for Proposals (RFP) NIH-NIDDK-91-5, will be issued on or about April 11, 1991, with a closing date set for May 29, 1991. The NIDDK expects to award one contract from this solicitation.

To receive a copy of this RFP, please supply this office with two self-addressed mailing labels and cite the RFP number referenced above. Requests must be in writing and addressed to:

Mrs. Linda Cameron
Contract Specialist
Contracts Management Branch
National Institute of Diabetes and Digestive and Kidney Diseases
National Institutes of Health
Westwood Building, Room 602
5333 Westbard Avenue
Bethesda, MD 20892

Telephone requests will not be honored. This advertisement does not commit the Government to make an award.

CELL LINES FOR HYPERTENSION RESEARCH

RFA AVAILABLE: HL-91-05-H

P.T. 34; K.W. 0715115, 0780015, 1002004, 1002008

National Heart, Lung, and Blood Institute

Application Receipt Date: September 6, 1991

The Division of Heart and Vascular Diseases, National Heart, Lung, and Blood Institute (NHLBI), announces the availability of a Request for Applications (RFA) on the above subject. The purpose of this RFA is to encourage research, using both the conventional and molecular approaches, to develop and characterize primary or immortalized cell lines applicable to the study of hypertension. Particular emphasis is placed on maintenance of the phenotype of cells derived from adrenal, renal, endothelial, and other vascular cell types. Specific phenotypes include hormone production and/or reponsiveness, transport functions, expression of key structural genes, or other properties relevant to the study of blood pressure.

The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a PHS-led national activity for setting priority areas. This RFA, "Cell Lines for Hypertension Research", is related to the priority area of Heart Disease and Stroke. Potential applicants may obtain a copy of "Healthy People 2000" (Full Report: Stock No. 017-001-00474-0) or "Healthy People 2000" (Summary Report: Stock No. 017-001-00473-1) through the Superintendent of Documents, Government Printing Office, Washington, D.C. 20402-9325 (telephone 202-783-3238).

MECHANISM OF SUPPORT

The support mechanism for this program will be the traditional, individual research grant. Although approximately $1.25 million in total costs for this program is included in the financial plans for fiscal year 1992, award of grants pursuant to this RFA is contingent upon receipt of funds for this purpose. It is anticipated that 5 grants will be awarded under this program. The specific number to be funded, however, will depend on the merit and scope of the applications received and the availability of funds.

SPECIAL INSTRUCTIONS FOR INCLUSION OF WOMEN AND MINORITIES IN CLINICAL RESEARCH STUDIES

For projects involving clinical research, NIH requires applicants to give special attention to the inclusion of women and minorities in study populations. If women or minorities are not included in the study populations for clinical studies, a specific justification for this exclusion must be provided. Applications without such documentation will not be accepted for review.

Inquiries regarding this program and requests for the complete RFA document should be addressed to:

Michael C. Lin, Ph.D
Hypertension and Kidney Diseases Branch
Division of Heart and Vascular Diseases
National Heart, Lung, and Blood Institute
Federal Building, Room 4C10
National Institutes of Health
Bethesda, MD 20892
Telephone: (301) 496-1857
Fax: (301) 496-9882

For fiscal and administrative matters, contact:

Jane R. Davis
Grants Operations Branch
Division of Extramural Affairs
National Heart, Lung, and Blood Institute
Westwood Building, Room 4A15C
Bethesda, MD 20892
Telephone: (301) 496-7255

STUDIES OF TESTING AND COUNSELING FOR CYSTIC FIBROSIS MUTATIONS

RFA AVAILABLE: HG-91-01

P.T. 34; K.W. 1002019, 1002028, 0404021, 0414014

National Center for Human Genome Research
National Center for Nursing Research
National Institute of Child Health and Human Development
National Institute of Diabetes and Digestive and Kidney Diseases

Letter of Intent Receipt Date: May 1, 1991
Application Receipt Date: June 7, 1991

The National Center for Human Genome Research, the National Center for Nursing Research, the National Institute of Child Health and Human Development, and the National Institute of Diabetes and Digestive and Kidney Diseases invite applications for assistance awards for studies of the clinical delivery of educational and counseling services for individuals and families related to DNA-based testing for the genetic mutations that cause cystic fibrosis.

BACKGROUND

Given the pace of advances in human genetics, there is a special need for clinical studies that use cystic fibrosis (CF) carrier testing to develop generic models for the long-range integration of genetic services into health care. CF is one of the most common autosomal recessive disorders, with a carrier frequency of about 1 in 25 among United States citizens of European ancestry. An increasing range of mutations responsible for the disease are now being identified, making it possible to detect a high percentage of those at risk of having children with CF. The purpose of such CF carrier testing would be to better inform interested people of their reproductive health risks. However, evaluations of alternative approaches to genetic education, testing, and counseling are needed in order to establish the professional practices that should govern the provision of DNA-based testing for CF carrier status. Recent experience with the widespread introduction of other genetic tests suggests the value of such studies in helping to establish practices that would improve professional interpretation and patient understanding of CF testing and test results.

RESEARCH GOALS

The purpose of this Request for Applications (RFA) is to solicit research projects that identify clinical practices that best increase patient understanding of disease-gene carrier testing and test results, and best protect individuals and families from test-related psychological harm, stigmatization, and discrimination. Research questions that are appropriately addressed in applications responding to this RFA could include, but are not limited to:

- What are the levels of understanding of and interest in CF carrier testing among different populations?
- What are the optimum forms and levels of pre-test education for different populations?
- What post-test counseling strategies are most effective in terms of the understanding and psychological health of individuals and families?
- What are the optimum settings for providing CF carrier testing services?
- What record-keeping and reporting policies best protect against breaches of confidentiality, stigmatization, and discrimination?
- What are the accuracy and cost effectiveness of various types of tests?

Applications responding to this RFA need not attempt to address all of these research questions. For all approaches assessed, however, questions of relative effectiveness, relative costs, and relative ability to meet the demand for services need to be evaluated.

SPECIAL INSTRUCTIONS FOR INCLUSION OF WOMEN AND MINORITIES IN CLINICAL RESEARCH STUDIES

For projects involving clinical research, NIH requires applicants to give special attention to the inclusion of women and minorities in study populations. If women or minorities are not included in the study populations for clinical studies, a specific justification for this exclusion must be provided. Applications without such documentation will not be accepted for review.

MECHANISM OF SUPPORT

The RFA is a one-time solicitation for applications for research project grants (R01). The award period will be for up to three years and is renewable. It is anticipated that $1 million will be available during fiscal year 1991 for approximately five studies, although the number of awards is contingent upon the quality, scope, and cost of the applications received and the actual availability of appropriated funds.

REVIEW PROCEDURES AND AWARD CRITERIA

Applications submitted in response to this RFA will be reviewed in accordance with the usual NIH peer review procedures. The applications will be reviewed for scientific merit by an initial review group (IRG) organized for this purpose by the Office of Scientific Review, National Center for Human Genome Research. A second-level review will be conducted by the appropriate national advisory council. Funding decisions will be based on the recommendations of the IRG and the advisory council regarding the scientific merit and program relevance of the proposed research.

In order to make reliable comparisons possible between studies, it is desirable that the research teams eventually supported under this RFA work together to coordinate their efforts. To facilitate such coordination, grantee workshops will be arranged after awards have been made. The willingness of applicants to participate in such planning and their ability to contribute uniquely to the mix of studies will be considered before an award is made.

FULL RFA AND LETTER OF INTENT

Prospective applicants should request and review a copy of the full RFA from the program staff, and then submit a letter of intent by May 1, 1991. This letter should identify the key personnel and include a descriptive title of the proposed research. The letter of intent is requested in order to provide an indication of the number and scope of applications to be reviewed. The letter of intent does not commit the sender to submit an application, nor is it a requirement for submission of an application. Please send letters of intent and requests for the full RFA or additional information to:

Eric T. Juengst, Ph.D.
Program Director
Ethical, Legal and Social Implications Program
National Center for Human Genome Research
National Institutes of Health
Building 38A, Room 612
Bethesda, MD 20892
Telephone: (301) 496-7531
E-mail: ejs@cu.NIH.GOV

For information about PHS Grants Policy, applicants may contact:

Ms. Alice Thomas
Chief, Grants and Contracts Management
National Center for Human Genome Research
National Institutes of Health
Building 38A, Room 613
Bethesda, MD 20892
Telephone: (301) 402-0733

This program is described in the Catalog of Federal Domestic Assistance 93.865, Research for Mothers and Children. Awards will be made under the authority of the Public Health Service Act, Section 301 and title 4 (Public Law 78-410, as amended 42 U.S.C. 241 and 284) and administered under PHS grants policies and Federal Regulations 42 CFR Part 52 and 45 CFR Part 74. This program is not subject to the intergovernmental review requirement of Executive Order 12372 or to Health Systems Agency review.

INSTITUTIONAL CLINICAL TRAINING GRANTS: PROFESSIONAL TRAINING FOR RACIAL/ETHNIC MINORITY AND DISADVANTAGED STUDENTS

RFA AVAILABLE: MH-91-09

P.T. 44, FF; K.W. 0720005, 0715095, 0715129, 0414000, 0414004, 0785185

National Institute of Mental Health

Application Receipt Date: June 12, 1991

INTRODUCTION

Racial and ethnic minorities are soon expected to become one-quarter of the United States population. Projections are that the need for mental health services will rise proportionately, particularly in the public sector where most minority persons are served. There is also increasing evidence that when minority persons require mental health services they most often seek mental health professionals of a race or ethnicity similar to their own or choose settings staffed by mental health professionals who demonstrate responsiveness to their needs. Currently, minorities represent less than 10 percent of mental health professionals. The need to increase the numbers of racial and ethnic minority mental health professionals is clear so that they may serve not only their own communities but also contribute to improving the overall quality of the mental health system by promoting its responsiveness to the unique needs of culturally diverse groups.

The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of "Healthy People 2000", a PHS-led national activity for setting priority areas. This RFA, "Institutional Clinical Training Grants: Professional Training for Racial/Ethnic Minority and Disadvantaged Students," is related to the priority area of mental health and disorders. Potential applicants may obtain a copy of "Healthy People 2000" (Full Report: Stock No. 017-001-00474-0) or "Healthy People 2000" (Summary Report: Stock No. 017-001-00473-1) through the Superintendent of Documents, Government Printing Office, Washington, D.C. 20402-9325 (telephone 202-783-3238).

PURPOSE

This program is designed to support recruitment and education of racial/ethnic minority and disadvantaged students to become professionals in the core mental health disciplines of social work, psychiatric nursing, psychology, psychiatry, and marriage and family therapy. The term "minority" in this announcement refers to Blacks, Hispanics, Asian/Pacific Islanders (including Native Hawaiians and Samoans), and American Indians/Alaska Natives. The definition of disadvantaged students is left to the applicant institution to justify. It could include the hearing impaired or those with other handicapping conditions but would not extend to individuals whose sole disadvantage is economic.

TRAINING ISSUES

For these students, the National Institute of Mental Health (NIMH) offers clinical training programs that are intended to enhance the quality and effectiveness of services to persons with major mental disorders. Applicants under this Request for Applications (RFA) must focus in depth on one or more of the priority populations described below. Programs must demonstrate that they incorporate the latest diagnostic and treatment procedures and the latest relevant research findings.

The priority service populations for this RFA are:

- o Severely and persistently mentally ill adults
- o Children and adolescents with severe mental disorders
- o Elderly with mental disorders
- o Mentally ill in rural areas
- o Racial/ethnic minorities with mental disorders

Other cross-cutting priorities are linkages between academic programs and State/community service systems, i.e., public-academic linkages and linkages with clinical researchers and research trainers.

ELIGIBILITY

Accredited and/or approved departments/divisions in the mental health core disciplines of psychiatric nursing, psychiatry, psychology, social work, and marriage and family therapy in colleges or universities of the United States, including territories and possessions, are eligible to apply. Multidisciplinary applications are encouraged. Applications may be for predoctoral and/or postdoctoral training in any of these fields.

APPLICATION CHARACTERISTICS

Applications must include a brief description of the applicant educational institution and, if appropriate, associated service and clinical research settings, including background, history, programmatic focus, organization, resources, personnel, and record of educational/service/research linkage achievements.

Each application must include descriptions of:

- o the pool from which minority and/or disadvantaged trainees will be recruited, recruitment strategies, selection criteria
- o goals and objectives of the training
- o curricula content that addresses ethnic and cultural issues
- o specific steps to be taken for the recruitment, retention, and graduation of minority and/or disadvantaged trainees
- o key faculty members and clinical supervisors

TERMS AND CONDITIONS OF SUPPORT

In fiscal year 1991, approximately $1.0 million will be available to fund approximately 10 to 15 awards under this RFA. Support may be requested for up to three years. Awards will be limited to a maximum of $80,000 (total costs), with the exception of multidisciplinary awards that may be funded up to $120,000 (total costs).

Payback Provisions

Any trainee who receives a clinical traineeship in psychology, psychiatry, psychiatric nursing, social work, or marriage and family therapy, in an established training program, designed to be for a period of 180 days or more under an NIMH clinical training grant, must pay back a period of obligated service equal to the length of the traineeship.

APPLICATION PROCEDURES

Prospective applicants are strongly encouraged to consult NIMH staff regarding eligibility and assistance in developing applications. Applications kits (PHS 398, rev. 10/88) containing the necessary forms and Special Instructions may be obtained by contacting the Education and Training Branch staff listed at the end of this announcement.

REVIEW OF APPLICATIONS

A dual review system is used to ensure expert, objective review of the quality of applications. The first step, peer review for educational and technical merit, is by primarily non-Federal experts comprising initial review groups (IRGs). The final review is by the National Advisory Mental Health Council. Only applications recommended for approval by the Council will be considered for funding.

RECEIPT AND REVIEW SCHEDULE

Receipt of Application	Initial Review	National Advisory Mental Health Council Review	Earliest Award Date
June 12, 1991	July	September	September 1

AWARD OF GRANTS

Awards will be made on the basis of the following criteria:

- o quality of proposed education/training programs as determined by the review process

- o balance among programs directed to the priority populations, among the disciplines and, where appropriate, among geographic, especially rural, locations

- o availability of funds

STAFF CONSULTATION

Staff consultation on clinical training grants is available from the following:

Lemuel B. Clark, M.D.
Chief, Education and Training Branch
Division of Clinical Research
National Institute of Mental Health
5600 Fishers Lane, Room 7C-02
Rockville, MD 20857
Telephone: (301) 443-5850

For fiscal and administrative matters, contact:

Stephen Hudak
Chief, Grants Management Section
National Institute of Mental Health
Parklawn Building, Room 7C23
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-4456

ONGOING PROGRAM ANNOUNCEMENTS

COMMUNITY SUPPORT RESEARCH DEMONSTRATION PROJECTS

PA: PA-91-39

P.T. 34; K.W. 0715129, 0403004, 0414014

National Institute of Mental Health

BACKGROUND

Since 1978, the National Institute of Mental Health (NIMH) Community Support Program (CSP) has been working with States and communities to promote the development of the most appropriate and effective comprehensive, community-based services and service systems for adults with severe and persistent mental disorders. These efforts have been reinforced by the recent statutory requirements of P.L. 99-660.

In fiscal years 1989 and 1990, NIMH issued a Request for Applications for research demonstration projects to increase knowledge in psychosocial rehabilitation, case management, and crisis response services. In fiscal year 1991, CSP is issuing a new Program Announcement to support research demonstration projects in the broader community support and rehabilitation services area.

The population of concern for CSP grants includes individuals 18 years and over with a severe and persistent mental disorder that seriously impairs functioning in interpersonal relations, living arrangements, or employment. NIMH encourages researchers to pay particular attention to studying effective approaches for serving high-priority subgroups of the population that include individuals with a severe and persistent mental disorder who are elderly, homeless or at risk of becoming homeless, live in rural areas, or are members of ethnic minority groups (specifically, American Indians or Alaskan Natives, Asian/Pacific Islanders, Blacks, and Hispanics).

NIMH is interested in expanding the knowledge base on the relative benefits and costs of different approaches to organizing and providing community support services that reduce fragmentation, increase client satisfaction with services, sustain individuals in community settings, improve their quality of life, and enhance their ability to function as productively and independently in society as possible.

RESEARCH ISSUES

The research issues listed below is not exhaustive; it is expected that applicants will identify other important topics.

- The effectiveness of different approaches for addressing the systemic and external factors that influence the operation of community support systems, such as mechanisms to coordinate clinical treatment, rehabilitation services, informal supports, and mainstream services

- The comparative effectiveness of different strategies for integrating families and consumers into system improvement efforts

- The relative efficacy of different models of case management services (e.g., clinical case management versus the minimal and coordination models, clinically based versus rehabilitation-based models, team versus individual models, provider-based versus family-based models, consumer-staffed versus professionally staffed) in helping individuals achieve living, learning, working, and socialization goals

- The relative efficacy of various housing options (e.g., structured special residential settings versus normative integrated community housing with visiting supports)

- The comparative effectiveness of various community residential alternatives for individuals with severe mental disorders diverted or discharged from nursing home placements in accordance with the legislative requirements of the Omnibus Budget Reconciliation Act of 1987

- The differential effectiveness of alternative approaches to providing psychosocial rehabilitation services that assist individuals to acquire the living, learning, working, and socialization skills they need to function in the community

- The differential effectiveness of alternative crisis response services, including the tailoring needed for various settings, as reflected by outcomes such as timeliness of intervention, development of relevant treatment plans, effective stabilization, appropriate followup care, and maintenance of individuals in the community

- Comparative effectiveness of approaches to meeting the special needs of family members and engaging them in the rehabilitation process (e.g., providing education, emotional support, and periodic respite care and other supportive services where the individual is living within the family environment; developing professional/family/client collaboration; assisting in transitioning the family member to more independent housing)

- Comparative effectiveness of different approaches to providing self-help services (e.g., drop-in centers, socialization clubs, and peer supports), employing consumers within the formal mental health system (e.g., case managers, mobile outreach teams, job coaches, and residential staff), and incorporating the consumer perspective in all aspects of rehabilitation from philosophy and structure to the nature of services and service providers

- Consistent with the provisions and protections of the Americans with Disabilities Act, the effectiveness of different approaches for providing reasonable accommodations in the workplace for an individual's mental disorder (e.g., flexible leave policies, job restructuring, part-time or modified work schedules, adjustments to supervision, and specialized training)

- The differential effectiveness of alternatives in decreasing the use of involuntary interventions such as inpatient or outpatient commitment and involuntary medication (e.g., working with family members, management of violent and other troublesome behavior, early crisis intervention, consumer-run safe houses, in-home assistance, peer supports, and temporary placement in foster family care)

- Comparative effectiveness of outreach and other formal and informal services to individuals in rural communities where there are few formal services

- The relative effectiveness of approaches to assist severely mentally ill individuals in the correctional system such as diversion to community treatment; training police, correctional

guards, or parole officers; or offering treatment and services to individuals in jails and after release.

ELIGIBILITY

Only State mental health authorities are eligible to apply for CSP Community Research Demonstration Grants. It is expected, however, that the primary researcher will be the Principal Investigator, and the State staff member with project oversight responsibility will be the Project Coordinator. Women and minority investigators are encouraged to apply.

SPECIAL INSTRUCTIONS FOR INCLUSION OF WOMEN AND MINORITIES IN CLINICAL RESEARCH STUDIES

For projects involving clinical research, ADAMHA requires applicants to give special attention to the inclusion of women and minorities in study populations. If women and minorities are not included in the study populations for clinical studies, a specific justification for this exclusion must be provided. Applications without such documentation will not be accepted for review.

MECHANISM OF SUPPORT

Support for this program will be through research demonstration project grants (R18). Support may be requested for a period of up to three years (renewable for subsequent periods). In FY 1990, $2 million was available to support six projects. Annual awards will be made subject to continued availability of funds and progress achieved. A competing continuation (i.e., renewal) application may be submitted before the end of an approved period of support in order to request additional funds to continue a project.

APPLICATIONS PROCEDURES

Applicants must use the grant application form PHS 398 (rev. 10/88). The number and title of this Program Announcement, "PA-91-39 Community Support Research Demonstration Projects", must be typed in item number 2 on the face page of the PHS 398 application form.

Applications to be considered for fiscal year 1991 funding, with an expected start date of September 30, 1991, must be received (not post-marked) by June 1, 1991.

REVIEW PROCEDURES AND CRITERIA

Applications received under this announcement will be assigned to an Initial Review Group (IRG) and a PHS funding component in accordance with established PHS Referral Guidelines. Applications will receive a second-level review by the appropriate National Advisory Council whose review may be based on policy considerations as well as scientific merit. Only applications recommended for approval by the Council may be considered for funding. Applications will be evaluated for the significance of the service problem and study questions to be addressed and the scientific quality and rigor of the research design.

Applications submitted in response to this announcement are subject to the intergovernmental review requirements of Executive Order 12372, as implemented through Department of Health and Human Service regulations at 45 CFR Part 100.

INQUIRIES

Neal Brown, Chief, or Frances Randolph, Dr.P.H.
Project Officer, Community Support Section
System Development and Community Support Branch
Division of Applied and Services Research
National Institute of Mental Health
Parklawn Building, Room 11C-22
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-3653

For fiscal and administrative matters, contact:

Stephen Hudak
Chief, Grants Management Section
National Institute of Mental Health
Parklawn Building, Room 7C23
5600 Fishers Lane
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Telephone: (301) 443-4456

*U.S.G.P.O:1991-281-826:20040