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**U.S. DEPARTMENT OF HEALTH
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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

REVIEW PROCEDURES FOR PROGRAM PROJECT GRANT APPLICATIONS

P.T. 34; K.W. 1014006

National Institute of Child Health and Human Development

Effective for the June 1, 1991 receipt date, program project (P01) applications assigned to the National Institute of Child Health and Human Development (NICHD) will no longer be routinely site-visited. These applications will be considered by the relevant Initial Review Group (IRG) without interaction with the applicant. The IRG will have the option of deferring an application for a site visit, although this will be the exception rather than standard practice.

As a result of this change, NICHD P01 applicants must ensure that the description of the proposed research for each component project/core facility is thorough and complete (not to exceed 20 pages), permitting direct evaluation by the reviewers.

Unless otherwise indicated, NICHD Center Core (P30) Grant and Specialized Center (P50) Grant applications will continue to receive site visits as a part of the review process.

Programatic questions about this announcement should be directed to:

Laurance S. Johnston, Ph.D.
Acting Director, Division of Scientific Review
NICHD/NIH
Executive Plaza North, Room 520
Bethesda, MD 20892
Telephone: (301) 496-1696

Grants management questions should be directed to:

Donald Clark
Chief, Office of Grants and Contracts
National Institute of Child Health and Human Development
Executive Plaza North, Room 501
Bethesda, MD 20892
Telephone: (301) 496-5001

NOTICES OF AVAILABILITY (RFPs AND RFAs)

EVALUATION OF NIH IMPLEMENTATION OF SECTION 491 OF THE PUBLIC HEALTH SERVICE ACT, MANDATING A PROGRAM OF PROTECTION FOR RESEARCH SUBJECTS

RFP AVAILABLE: NIH-OD-91-12

P.T. 34; K.W. 0783005

National Institutes of Health

The Office of Extramural Programs, Office of Extramural Research, Office of the Director, National Institutes of Health, has a requirement to evaluate the national program of protection for research subjects at institutions engaged in research funded by the Department of Health and Human Services pursuant to Section 491 of the PHS Act. This evaluation will examine the extent to which the program is meeting this objective while continuing to facilitate needed research to improve the nation's health. Preliminary considerations suggest four broad categories of measurement: outcome measures focusing on adequacy of consent procedures, risk assessment and subject selection; output measures, including workload and caseload measures from institutional records; process measures exploring variations in institutional procedures and deployment of the program in new settings and in use of innovative interventions; and resource measures of personnel, time, effort and costs. The contractor must have the professional capabilities and facilities to evaluate government programs of national scope and comparable complexity with major implications for Federal health sciences policy, government-university relations, and the broad public. The results of the study will be the basis for recommendations to ensure responsiveness to rapidly changing research opportunities while maintaining appropriate safeguards for individuals involved as subjects of research. It is expected that the contract will have a two- (2) year period of performance. Any responsible offeror may submit a proposal that will be considered by the Government.

The issuance date of the RFP will be on or about May 31, 1991, and proposals will be due by the close of business 50 days after issuance.

Requests for the RFP must be directed to:

Valerie Pickett
Research Contracts Branch
Division of Contracts and Grants
Office of the Director
National Institutes of Health
Building 31, Room 1B44
9000 Rockville Pike
Bethesda, MD 20892

PROSTATE, LUNG, COLORECTAL, AND OVARIAN CANCER SCREENING TRIAL - SCREENING CENTERS

RFP AVAILABLE: NCI-CN-15342-04

P.T. 34; K.W. 0715035, 0745020, 0755015

National Cancer Institute

The National Cancer Institute (NCI), Division of Cancer Prevention and Control, Early Detection Branch, is interested in soliciting proposals from organizations for Screening Centers for the Prostate, Lung, Colorectal, and Ovarian (PLCO) Cancer Screening Trial. Up to fifteen (15) screening Centers will be established, each recruiting no less than 5,000 subjects and 5,000 controls to the trial. A total of 148,000 men and women will be recruited to the trial in approximately equal numbers. Female subjects will be screened for colorectal, lung, and ovarian cancers. Male subjects will be screened for colorectal, lung, and prostate cancer. Screening will be annually for four

years for prostate, lung, and ovarian cancers and only in years one and three for colorectal cancer. Subjects and controls will be followed for at least ten years. A Coordinating and Data Management Center will develop and maintain systems and procedures for biomedical data management, study coordination, statistical analysis, and report writing. The NCI has selected the cancer sites and screening modalities. Screening Centers, in cooperation with the NCI, will develop screening logistics and diagnostic protocols. A pre-proposal conference will be held and the date will be specified in the Request for Proposals (RFP).

Requests for this RFP must be in writing and reference RFP No. NCI-CN-15342-04. The RFP will be available approximately April 25, 1991 and will be due approximately June 10, 1991.

Copies of the RFP may be obtained by sending a written request to:

Mr. Christopher B. Myers, Contract Specialist
National Institutes of Health
National Cancer Institute
Research Contracts Branch, PCCS
Executive Plaza South, Room 635
9000 Rockville Pike
Bethesda, MD 20892
Telephone: (301) 496-8603

ADULT AIDS CLINICAL TRIALS UNITS

RFA AVAILABLE: AI-91-07

P.T. 34; K.W. 0715008, 0755015

National Institute of Allergy and Infectious Diseases

Letter of Intent Receipt Date: June 5, 1991
Preapplication Meetings: June 3, 4 and 5, 1991
Application Receipt Date: August 6, 1991

BACKGROUND

The National Institute of Allergy and Infectious Diseases (NIAID) announces the availability of a Request for Applications (RFA) for AIDS Clinical Trials Units (ACTUs). The purpose of this RFA is to recompetete the adult component of the AIDS Clinical Trial Group (ACTG) by soliciting applications from existing ACTUs and from new applicants. This initiative will utilize the cooperative agreement. The adult component of the ACTG is a network of 32 domestic biomedical research institutions that, in aggregate, has the capabilities to develop new therapeutic interventions from initial clinical trials in human subjects to their final approval by the Food and Drug Administration. The research objectives of the ACTG are to evaluate the safety and efficacy of therapeutic interventions for the treatment of Human Immunodeficiency Virus (HIV) infection, acquired immunodeficiency syndrome (AIDS), and associated opportunistic conditions.

HEALTHY PEOPLE 2000

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, Recompetition of the Adult AIDS Clinical Trials Units, is related to the priority area of HIV infection. 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).

OBJECTIVES

It is the intent of the recompetition to maintain a cooperative network of adult ACTUs that has the capability to conduct all phases of therapeutic clinical evaluation to identify new therapies and to facilitate the transfer of interventions from the research setting to routine patient care. Emphasis will be placed on the inclusion of women, minorities and substance abusers in the clinical studies so that the patients participating in the clinical trials network reflect the demographic features of the national HIV epidemic. This network will be composed of investigators from a variety of disciplines with demonstrated expertise and experience in conducting clinical trials especially among HIV infected patients. The research objectives will be accomplished through the development of protocols, accrual of patients to ACTG protocols,

submission, analysis and publication of data, and by participation of the ACTU investigators in ACTG committees. The research agenda and priorities will be established by the ACTG Executive Committee whose members include the Associate Director of the Treatment Research Program, DAIDS. Scientific areas of highest priority include antiretroviral therapy and treatment of opportunistic infections associated with HIV infection. Studies of HIV-associated malignancies and neurological complications will also be emphasized. The ACTG committees (Scientific, Resource, and Executive) are composed of investigators from the ACTUs, a NIAID staff representative, and representatives from patient advocacy groups. In order to achieve these objectives, supplementary resources will continue to be provided to the ACTU Principal Investigators by the NIAID through other funding mechanisms and include: (1) a Statistical and Data Analysis Center that assists in protocol design and functions as a central data management center, (2) an Operations Office that provides technical and logistical support for the development and implementation of protocols, (3) Clinical Site Monitoring to ensure the quality of data and conformance with regulatory requirements, and (4) a Clinical Research Products Repository that provides for the receipt, inventory, and distribution of investigational drugs.

The RFA contains information related to both required and optional components. All applicants must apply for the ACTU clinical core funding to be eligible to apply for optional components. The clinical core funding will provide the resources required to maintain an infrastructure sufficient to accrue an agreed upon minimum annual number of new patients on to protocols. The clinical core funds also will support laboratory costs for protocol mandated immunophenotyping. Applicants for the ACTU clinical core funding will be eligible to apply for optional components that include: (1) pediatric clinical trials [limited to adult ACTUs that have an existing pediatric component], (2) virology core laboratory support for protocol mandated testing, (3) pharmacology core laboratory support for protocol mandated testing, (4) developmental research in virology [limited to applicants who apply for and are awarded funds for (2)], (5) developmental research in pharmacology [limited to applicants who apply for and are awarded funds for (3)], (6) developmental research in immunology, and (7) developmental research in other areas of microbiology. An applicant must receive an award for the ACTU clinical core to be eligible for funding of the optional components. However, funding priorities for the optional components will be established independent of the priorities for the ACTU clinical core awards. Funding priorities for the ACTU clinical core will not be affected by the presence or absence of optional components.

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

The following is a brief statement of the NIH and ADAMHA policy regarding the inclusion of women and minorities in study populations. The inclusion of women and minorities should be addressed in applications submitted in response to this RFA.

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 or adequately represented in the study populations for clinical studies, a specific justification must be provided. Application without such documentation will not be accepted for review.

MECHANISM OF SUPPORT

Awards will be made as cooperative agreements (U01). The cooperative agreement funding instrument differs from the traditional research grant in that the Government awarding component (NIAID) anticipates substantial programmatic involvement during the performance. The nature of NIAID staff assistance is described in the RFA. However, applicants must define their own objectives in accord with individual interests and approaches to conducting the research. The NIAID anticipates that \$48,000,000 will be available for the initial year of funding applications in response to this RFA and that approximately 20-25 applications will be funded. The award of grants pursuant to this RFA is contingent on the continuing availability of funds for this purpose and on the receipt of a sufficient number of applications of high scientific merit.

APPLICATION SUBMISSION

Eligibility: Any domestic university, medical college, hospital, or other clinical research institution is eligible. Under the terms of this RFA, new applicants and established adult ACTUs are invited to apply. Only domestic

organizations are eligible to apply and the application may not include an international component.

Letter of Intent: Prospective applicants are asked to submit, by June 5, 1991, a letter of intent that includes a descriptive title and description of the proposed research not to exceed three pages. The letter of intent is requested to provide an indication of the number and scope of applications to be received and to promote early interaction between NIAID staff and the applicant. The letter of intent does not commit the sender to submit an application, nor is it a requirement for submission of an application.

Submission: The research grant application form PHS 398 (rev. 10/88, reprinted 9/89) must be used in applying. These forms are available at most institutional business offices and from the Division of Research Grants, National Institutes of Health, Westwood Building, Room 449, 5333 Westbard Avenue, Bethesda, MD 20892. To identify responses to this announcement under Item 2 on page 1 of the grant application, check 'yes' and include the title and number of the RFA. The RFA label in the form PHS 398 must be affixed to the bottom of face page of the original signed application. Failure to do so could result in delayed processing of the application so that it may not reach the review committee in time for review. Incomplete and nonresponsive applications will be returned to the applicant without review.

REVIEW PROCEDURES

Comprehensive evaluation of the applications will be conducted by a Special Review Committee (SRC) consisting primarily of non-Federal scientific experts. The adult component (Part A) and pediatric component (Part B, if present) will be evaluated and scored based on the scientific merit at one SRC session. Optional components will be forwarded to a second SRC for evaluation. The priority score assigned to the application will be based on the score received for Part A. The merit of Part B and Part C components will be used by NIAID to guide funding decisions with respect to these components.

APPLICATION PROCEDURES

Submit by August 6, 1991, a signed, typewritten original of the application, and 6 exact, single-sided photocopies (including Appendix) in one package to:

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

Submit 17 exact, single-sided photocopies of the application in one package directly to:

Dr. Allen Stoolmiller
AIDS Review Section
NIAID/DEA/PPRB
Westwood Building, Room 3A-07
5333 Westbard Avenue
Bethesda, MD 20892

INQUIRES

The RFA is available from and Letters of Intent are to be sent to:

F.H. Batzold, Ph.D.
Division of AIDS
National Institute of Allergy and Infectious Diseases
6003 Executive Boulevard, Room 208P
Rockville, MD 20892
Telephone: (301) 496-8214

For budget questions, contact:

Ms. Mary Kirker
Chief, AIDS Grants Management Section
Grants Management Branch/NIAID
Westwood Building, Room 706
Bethesda, MD 20892
Telephone: (301) 496-7075

COOPERATIVE NETWORK FOR MOLECULAR GENETIC AND CYTOGENETIC STUDIES OF PROSTATE
CANCER

RFA AVAILABLE: CA-91-10

P.T. 34; K.W. 0715035, 1002058, 1002004, 0413001

National Cancer Institute

Letter of Intent Receipt Date: June 10, 1991

Application Receipt Date: September 6, 1991

The Cancer Diagnosis Branch of the Division of Cancer Biology, Diagnosis and Centers (DCBDC) at the National Cancer Institute (NCI) invites applications for cooperative agreements from institutions capable of and interested in participating in a cooperative network for studies of molecular genetics and cytogenetics of prostate cancer. The goals of this Request for Applications (RFA) are: 1) to promote collaborations and interactions between basic scientists and clinicians in order to advance prostate cancer research; 2) to identify genetic alterations that may distinguish the behavior of clinically silent prostate cancer from that of clinically evident cancer; 3) to determine whether there is a molecular genetic basis for differences in prostate cancer incidence between Blacks and Whites; 4) to explore the biological basis for the striking increase in prostate cancer incidence with age. Groups participating in the network will attempt to assess biological differences in prostate cancer using molecular genetic and cytogenetic approaches with the long-term goal of developing a more informative classification system. Cooperative studies will facilitate the application of molecular techniques to prostate cancer research through the efficient use of prostate cancer and normal prostate tissue.

Awards will be made as cooperative agreements that create an assistance relationship with substantial involvement of NCI staff during the performance of the project, as outlined in the RFA. This mechanism is used when the NCI wishes to stimulate investigator interest and proposes to advise or assist in an important and opportune area of research. Applicants will be responsible for the planning, direction, and execution of the proposed project. It is essential that there be good liaison between basic scientists and clinicians. Each group responding to this RFA must describe existing and proposed collaboration/cooperation between basic scientist(s) and clinician(s).

The NCI anticipates making three to five awards for project periods of up to four years. A total of \$1,000,000 is expected to be set aside for the initial year's funding. Although this program is provided for in the financial plans of the NCI, the award of cooperative agreements pursuant to this RFA is contingent on the availability of funds appropriated for fiscal year 1992.

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, "Cooperative Network for Molecular Genetic and Cytogenetic Studies of Prostate Cancer" is related to the priority area of cancer. 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).

For projects involving clinical research, NIH requires applicants to give special attention to the inclusion of women and minorities in study populations. While inclusion of women is not relevant to this RFA, special emphasis should be placed on the need for inclusion of minorities, particularly blacks, who are disproportionately affected, in studies of prostate cancer. If minorities are not included or are inadequately represented in the study populations for clinical studies, a specific justification for this exclusion or inadequate representation must be provided. Applications without such documentation will not be accepted for review.

This RFA is a one-time solicitation with a specified deadline of September 6, 1991 for receipt of applications.

A copy of the complete RFA describing the research goals and scope, the cooperative agreement mechanism, the review criteria, and other application requirements is available from:

Roger L. Aamodt, Ph.D.
Program Director for Pathology/Cytology
Cancer Diagnosis Branch, DCBDC, NCI
Room 638, Executive Plaza South
6120 Executive Boulevard
Rockville, MD 20892-9904
Telephone: (301) 496-7147
FAX: (301) 496-8656

Inquiries concerning this RFA are encouraged and should be directed to Dr. Aamodt at the above address and telephone number.

For fiscal and administrative matters, contact:

Robert E. Hawkins
Grants Management Specialist
Grants Administration Branch
National Cancer Institute
EPS, Room 216
Bethesda, MD 20892
Telephone: (301) 496-7800 ext. 13

This program is described in the Catalog of Federal Domestic Assistance No. 93.394, Cancer Detection and Diagnosis Research. Awards are made under authorization of the Public Health Service Act, Title IV, Part A (Public Law 78-410 as amended: 42 USC 241) and administered under PHS grant policies and Federal Regulations 42 CFR Part 52 and 45 CFR Part 74. This program is not subject to the intergovernmental review requirements of Executive Order 12372 or Health Systems Agency review.

STATE SERVICE SYSTEMS IMPROVEMENT THROUGH CONSUMER AND FAMILY SUPPORT ACTIVITIES

RFA AVAILABLE: MH-91-13

P.T. 34; K.W. 0730050, 0715095, 0715129, 0403004

National Institute of Mental Health

Application Receipt Date: June 24, 1991

PURPOSE

The Community Support Program (CSP) of the National Institute of Mental Health (NIMH) is inviting applications under this Request for Applications (RFA) to demonstrate and evaluate service system improvement strategies that integrate consumers and family members into the planning and provision of mental health and support services at State and local levels.

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, "State Service Systems Improvement Through Consumer and Family Support Activities," is related to the priority area of mental health. 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).

Applications are encouraged that demonstrate and evaluate strategies that are directed toward the following programmatic goals:

- o Integrating primary consumers and family members into State and local service delivery, systems planning, decision-making, and research activities in order to develop mental health and support services that are considered responsive to consumer and family needs and preferences;
- o Improving linkages between consumer self-help and family support groups and the formal community support, treatment, and rehabilitation service systems;
- o Increasing the effectiveness of consumers and family members in identifying and fostering needed system, program, and service improvements;

- o Fostering participation of minority individuals in consumer self-help and family support groups as an element of the service delivery planning and decision making;
- o Increasing opportunities for consumer employment within the formal service system.

POPULATION OF CONCERN

The population of concern for CSP grants includes individuals 18 years and over with a severe and persistent mental disorders that seriously impair functioning in primary aspects of daily living, such as interpersonal relations, living arrangements, and employment. Applicants should pay attention to the unique needs and special concerns of racial and ethnic minorities and women.

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.

ELIGIBILITY

Only mental health authorities in States and Territories that do not currently have a CSP State Service System Improvement Demonstration Grant or are in the final year of a CSP State Service System Improvement Demonstration Grant for general community support development activities are eligible to apply for these grants. Each State and Territory may submit only one application.

APPLICATION PROCEDURES

All applicants must use form PHS-5161 (revised 3/89). Application kits are available from:

Grants Management Branch
National Institute of Mental Health
Parklawn Building, Room 7C-15
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-4414

TERMS AND CONDITIONS OF SUPPORT

Period of Support

Support may be requested for a period of up to three years. Annual awards will be made subject to continued availability of funds and progress achieved.

In Fiscal Year 1991, it is estimated that approximately \$1 million will be available to support approximately 10 projects. The expected average amount of an award, for direct costs, is estimated to be \$100,000 per year. However, the amount of funding available will depend on appropriated funds and program priorities at the time of award.

Allowable Costs

Applicants must include the following agreement in their applications:
"(Applicant) agrees that not more than 10 percent of any resultant grant award will be expended for administrative purposes."

Grants are intended to assist in meeting the costs of planning, developing, and implementing activities to support attainment of the project objectives. Grant funds are to be additive, not substitutive; they are not to be used to replace existing resources.

Grant funds may be used for expenses clearly related and necessary to carry out the proposed project, including both direct and indirect costs that are specifically identified with the proposed project.

INQUIRIES

Applicants are encouraged to contact Institute staff before applying for an award:

Neal Brown, Chief
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

Inquiries pertaining to grants management should be directed to:

Steven Hudak
Chief, Grants Management Section
Grants Management Branch
National Institute of Mental Health
Parklawn Building, Room 7C-23
Rockville, MD 20857
Telephone: (301) 443-4456

COOPERATIVE NETWORK FOR EVALUATION OF PROGNOSTIC MARKERS OF URINARY BLADDER
CANCER

RFA AVAILABLE: CA-91-09

P.T. 34; K.W. 0715035, 0785220, 0765033

National Cancer Institute

Letter of Intent Receipt Date: May 31, 1991
Application Receipt Date: July 31, 1991

The Cancer Diagnosis Branch of the Division of Cancer Biology, Diagnosis and Centers at the National Cancer Institute invites applications for cooperative agreements from institutions capable of and interested in participating in the "Cooperative Network for Evaluation of Prognostic Markers of Urinary Bladder Cancer." The objective of this Request for Applications (RFA) is to invite applications for cooperative agreements to support a network of laboratories to cooperatively evaluate promising diagnostic and prognostic markers of urinary bladder cancer. The network will perform collaborative studies requiring expertise in urology, pathology, and/or basic cancer biology to evaluate appropriate quantifiable markers of urinary bladder cancer and to define relevant clinical applications. This network will continue and expand the collaborative studies of urinary bladder cancer markers currently supported by the "Marker Network for Bladder Cancer."

Awards will be made as cooperative agreements that create an assistance relationship with substantial NCI programmatic involvement with the recipients during the performance of the project, as outlined in this RFA. The cooperative agreement mechanism is used when the NCI wishes to stimulate investigator interest and proposes to assist in an important and opportune area of research. Applicants will be responsible for the planning, direction, and execution of the proposed project.

The NCI anticipates making four to six awards for project periods of up to four years. A total of \$950,000 is expected to be set aside for funding these activities in the initial year. Although this project is provided for in the financial plans of the NCI, the award of cooperative agreements pursuant to this RFA is contingent on the availability of funds appropriated in fiscal year 1992.

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, "Cooperative Network for Evaluation of Prognostic Markers of Urinary Bladder Cancer," is related to the priority area of cancer. 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). 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 or are inadequately represented in the study populations for clinical studies, a specific justification for this exclusion or inadequate representation must be provided. Applications without such documentation will not be accepted for review.

This RFA is a one-time solicitation with a specified deadline of July 31, 1991 for receipt of applications.

A copy of the complete RFA describing the research goals and scope, the cooperative agreement mechanism, the review criteria, and other application requirements is available from:

Roger L. Aamodt Ph.D.
Program Director for Pathology and Cytology
Cancer Diagnosis Branch, DCBDC, NCI
Executive Plaza South, Room 638
6120 Executive Boulevard
Rockville, MD 20892-9904
Telephone: (301) 496-7147
FAX: (301) 496-8656

Inquiries concerning this RFA or the activities of the currently funded marker network are encouraged and should be directed to Dr. Roger L. Aamodt at the above address or telephone or FAX number.

For fiscal and administrative matters, contact:

Robert E. Hawkins
Grants Management Specialist
Grants Administration Branch
National Cancer Institute
EPS, Room 216
Bethesda, MD 20892
Telephone: (301) 496-7800 ext. 13

This program is described in the Catalog of Federal Domestic Assistance No. 93.394, Cancer Detection and Diagnosis Research. Awards are made under authorization of the Public Health Service Act, Title IV, Part A (Public Law 78-410 as amended: 42 USC 241) and administered under PHS grant policies and Federal Regulations 42 CFR Part 52 and 45 CFR Part 74. This program is not subject to the intergovernmental review requirements of Executive Order 12372 or Health Systems Agency review.

ADAMHA SMALL INSTRUMENTATION PROGRAM

RFA: AA-91-03

P.T. 34; K.W. 0735000

Alcohol, Drug Abuse, and Mental Health Administration

Letter of Intent Receipt Date: May 20, 1991
Application Receipt Date, June 21, 1991

The Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) is announcing the third year of the ADAMHA Small Instrumentation Program (ASIP). This program was reauthorized by Congress for FY 1991 in Section 501(m) of the Public Health Service Act, as added to by P.L. 100-690, in response to findings that much of the research instrumentation in the Nation's principal universities is either obsolete or poorly maintained. These findings, documented in several reports, identified the need for upgrading equipment currently in use. The most significant need was for relatively low-cost pieces of equipment. To address this problem, ADAMHA established the Small Instrumentation Program in FY 1989. Awards are made under authority of Titles III and of the PHS Act as amended. Funds will be provided to research-intensive institutions currently receiving ADAMHA research support. The ASIP is not intended to replace requests for equipment in applications for individual research projects. Rather, it is intended to help fund items of equipment that are difficult to justify within the context of an individual research project but that will upgrade the institution's research infrastructure.

The ADAMHA program has a similar purpose to the National Institutes of Health Small Instrumentation Program but will operate separately and under slightly different guidelines because of differences in the infrastructure support mechanisms available to the two agencies.

The ADAMHA program will be funded in FY 1991 at \$2,402,000. The program provides awards ranging from \$20,000 to \$60,000 to eligible institutions. Eligible institutions are those that had five or more active ADAMHA research grants awarded in FY 1990. The awards must be from the following types of research mechanisms: R01, R03, R29, and R37. The amount for which an

institution may apply was calculated by a formula based on the \$2,402,000 available for the program this year and on the number of ADAMHA-sponsored awards in the eligible mechanisms at an institution. Each eligible institution may submit ONLY ONE application that incorporates all appropriate equipment requests from that institution. Thus, it is essential that institutional officials publicize the availability of ASIP funds so that ADAMHA-supported investigators in need of small research instruments are provided the opportunity to indicate their needs for such equipment to the appropriate institutional official.

The equipment requested must be available for use by more than one project either currently or in the future. The primary user(s) of the equipment must be one or more Principal Investigators of active ADAMHA-supported research grants, and the specific projects must be cited in the application. No indirect costs will be provided and there will be no future year funding commitment. The requested funds may be for full or partial support of one or more pieces of equipment. In no case, however, can the total purchase price of a requested piece of equipment be less than \$5,000 or more than \$100,000 regardless of the source(s) of funding. If the total dollar amount of proposed equipment purchases exceeds the amount for which the institution is eligible, a statement must be submitted indicating the institution will provide the difference. Support from this program cannot be used to purchase items exceeding \$100,000 in cost even if costs are shared. The equipment purchased must be the same as that specified in the ASIP application.

Applications must be received by June 21, 1991, and letters of intent should be received by May 20, 1991. Detailed application procedures have been sent to eligible institutions. Applications will be peer reviewed by a single ADAMHA-wide committee. The review criteria are: Degree of adherence to the terms of the letter of eligibility and adequacy of the justification provided for the equipment requested. The reviewers will determine whether the application is recommended for approval; no priority scores will be voted. Applications will be assigned to individual ADAMHA Institutes for consideration by their National Advisory Councils and for funding. The Institutes expect to make the awards in September.

Questions concerning this program may be directed to any of the following persons:

Dr. Charles Sharp
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National Institute on Drug Abuse
Room 10A-31
Telephone: (301) 443-6300

Mr. James Moynihan
Division of Basic Brain and Behavioral Sciences
National Institute of Mental Health
Room 11-95
Telephone: (301) 443-3107

Dr. Leslie Isaki
Division of Basic Research
National Institute on Alcohol Abuse and Alcoholism
Room 16C-05
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Grants Management Contact:

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Chief, Management Review and Assistance Section
National Institute on Alcohol Abuse and Alcoholism
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5600 Fishers Lane
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**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

* U.S. G.P.O.:1991-281-826:20044