

NIH Guide for Grants and Contracts

Vol. 13, No. 7, May 25, 1984

U.S. DEPARTMENT OF HEALTH
AND HUMAN SERVICES

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The NIH Guide is published at irregular intervals to announce scientific initiatives and to provide policy and administrative information to individuals and organizations who need to be kept informed of opportunities, requirements, and changes in grants and contracts activities administered by the National Institutes of Health.

Two types of supplements are published by the respective awarding units. Those printed on yellow paper concern contracts: solicitations of sources and announcement of availability of requests for proposals. Those printed on blue paper concern invitations for grant applications in well-defined scientific areas to accomplish specific program purposes.

Have You Moved?

If your present address differs from that shown on the address label, please send your new address to: Grants and Contract Guide Distribution Center, National Institutes of Health, Room B3BN10, Building 31, Bethesda, Maryland 20205, and attach your address label to your letter. Prompt notice of your change of address will prevent your name from being removed from our mailing list.

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NOTICE

REVISED SALARY CEILING FOR RESEARCH CAREER

MANPOWER DEVELOPMENT PROGRAMS

P.T. 34; K.W. 1014002

This notice contains information on NIH plans to permit an increase in the amount of salary that may be requested on the following awards in the Research Career Manpower Development series:

- Academic/Teacher Investigator Award (K07)
- Clinical Investigator Award (K08)
- Mid-Career Award (K07)
- Physician Scientist Award (K11, K12)
- Research Career Development Award (K04)
- Special Emphasis Research Career Award (K01)

Beginning with awards made from FY 1985 funds (competing and non-competing awards made on or after October 1, 1984), requests for base salaries up to \$40,000 a year plus applicable fringe benefits will be considered.

Proposed salary levels must be in accordance with institutional salary levels, consistently applied, regardless of the source of support. Justification for the sum requested must include a comparison of the salaries of other individuals at the applicant institution of equivalent rank and experience to that of the awardee. In the case of the Physician Scientist Award Phase I, the comparison group is the house staff training level at which the applicant would be if he/she were on a residency track. In Phase II, the salary may be compared to that of junior faculty with similar training and experience.

NOTICEDISPLAY OF INDIRECT COSTS ON NOTICES OF GRANT AWARD

P.T. 34, 44; K.W. 1014002

Each NIH Notice of Grant Award issued on or after July 1, 1984, will include the dollar amount of indirect costs expected to be provided in association with that grant. This amount will be identified in the "Remarks" section as follows:

Indirect costs for this award are expected to be
\$ _____. Actual indirect costs will be
provided on a Summary Notice.

In all other respects the system that NIH has followed since July 1971 for issuing, adjusting and settling indirect costs applicable to research project grants will continue to be followed.

While the indirect cost amount to be displayed on each Notice of Grant Award is an early indication of the indirect cost allowance expected to be provided via the usual Summary Notice (Summary Listing of Indirect Cost Awarded/Adjusted), grantee institutions should continue to use the latter document for posting actual allowances to their accounting records and as a source for identifying subsequent post-award indirect cost adjustments.

Questions applicable to the Summary Notice should continue to be addressed to:

National Institutes of Health
Division of Financial Management
Federal Assistance Accounting Branch
Accounting and Indirect Cost Section
Building 31 - Room B1B05
Bethesda, Maryland 20205

Telephone: (301) 496-5315

NOTICE

ADDENDUM TO PHS GRANTS POLICY STATEMENT

P.T. 34, 44; K.W. 1014002

An Addendum to the Public Health Service Grants Policy Statement has just been issued and is generally effective for grants with budget periods beginning on or after April 1, 1984; however, select additional authorities described in the document have been extended to the Institutional Prior Approval System for grants active on April 1, 1984 regardless of the budget period beginning date.

The Public Health Service (PHS) has sent one copy of the Addendum to each PHS grantee institution of record. A limited number of additional copies may be obtained by sending a written request to the following office:

Grants Management Branch
Division of Grants and Contracts
ORM/OM/PHS
5600 Fishers Lane
Rockville, Maryland 20857

In the interest of facilitating broad communication of the changes as expeditiously as possible, the Addendum is reprinted in its entirety (including the cover) at the end of this Guide. Please feel free to make whatever number of photocopies of the reprint you see fit.

NOTICEA CONTRACTOR'S RESPONSIBILITIES UNDER THE "LIMITATION OF COST" (OR FUNDS) CLAUSE

P.T. 34, 14; K.W. 1014002

NATIONAL INSTITUTES OF HEALTH

The purpose of this notice is to emphasize responsibilities of contractors under the "Limitation of Cost" Clause in cost-reimbursement contracts, and the "Limitation of Funds" Clause in incrementally funded contracts. These clauses require a contractor to notify the contracting officer in writing whenever it has reason to believe that actual costs of performance are expected to be greater or less than the estimated cost or amount funded. A contractor may not make expenditures beyond that limit except at its own risk.

When entering into a cost-reimbursement contract, the contractor assumes responsibility for maintaining an accounting system adequate to alert the contractor of the possibility of a cost overrun before the overrun is incurred. The contractor also assumes a responsibility of informing the contracting officer when the contract funds are nearing exhaustion with an estimate of how much is needed to complete the contract. The contractor is under no duty to continue performance after incurring costs up to the current contract amount.

Timely written notice under the appropriate clause enables the contracting officer to elect whether to add funds in time to prevent interruption of the work or to phase out the work where additional funds are unavailable or unjustified. Thus, even if a cost-reimbursement contractor gives proper notice of an overrun, it would not be entitled to further reimbursement unless authorized by the contracting officer in writing to continue performance.

Further, a cost-reimbursement contractor is expected to project its indirect cost rate and to inform the contracting officer if the projected indirect costs are expected to cause an overrun, even though final overhead rates are not established until after the contract is completed. Notice that the indirect cost rate is expected to increase does not constitute notice that the new rates will cause an overrun unless specifically stated and accompanied by a revised estimated cost of the contract.

Contractors are invited to contact their respective contracting officers if they have any further questions.

NOTICE

DIRECTORY OF INTERNATIONAL OPPORTUNITIES IN BIOMEDICAL AND
BEHAVIORAL SCIENCES

P.T. 22; K.W. 1200170, 0404000

FOGARTY INTERNATIONAL CENTER

The Fogarty International Center (FIC) of the National Institutes of Health, (NIH) announces the availability of a limited number of booklets entitled Directory of International Opportunities in Biomedical and Behavioral Sciences. This publication is available to individuals who are seeking information about fellowship support in biomedical and behavioral sciences.

To receive a copy of this booklet, please send a self-addressed label with your request to the following address:

International Research and Awards Branch
Building 38A - Room 613
Fogarty International Center
National Institutes of Health
Bethesda, Maryland 20205

NOTICEPROGRAM PROJECT RESEARCH GRANT APPLICATIONSPECIAL INSTRUCTIONS FOR PHS FORM 398

P.T. 34; K.W. 0404002, 0503016, 1200180

NATIONAL INSTITUTE ON AGING

The National Institute on Aging (NIA) announces the availability of special instructions to assist applicants in preparing program project applications using PHS Form 398. These instructions should be used to submit program project (P01) proposals which are likely to be assigned to NIA for support and are to be used in conjunction with the Program Project Research Grant Special Directives previously published in the NIH Guide for Grants and Contracts, Vol. 12, No. 4, April 22, 1983.

Copies of the above materials may be obtained by request at the address below:

Scientific Review Office
National Institute on Aging
Office of Planning and Extramural Affairs
National Institutes of Health
Building 31 - Room 5C-12
Bethesda, Maryland 20205

Telephone: (301) 496-9666

NOTICE

AVAILABILITY OF FROZEN SERUM PANELS

P.T. 36; K.W. 1200090, 1200140, 1200370

NATIONAL CANCER INSTITUTE

A variety of serum components (e.g., peptide hormones, viral antigens, isoenzymes, glycoproteins, antibodies, immune complexes, tumor-associated antigens, carbohydrates, phospholipids, nucleosides, etc.) have been reported to be useful in cancer diagnosis and/or in monitoring cancer treatment or recurrence. The National Cancer Institute (NCI) is interested in evaluating serum assays that are potentially useful in the diagnosis of cancer. Coded panels composed of 1 ml aliquots of pretreatment frozen sera from patients with various neoplasms, from benign disease patients, and from healthy controls are available to investigators to evaluate assays in which preliminary results indicate the ability to discriminate between cancer patients and controls. Promising results may form the basis for a subsequent grant application. Preliminary data documenting a useful test must be submitted and should include: a brief description of the assay, results in patients with cancer, results in patients with non-malignant disease, results in healthy control subjects and reprints of published work, if available. Request for a coded serum panel should be sent to:

Diagnosis Serum Panels
Project Officer NCI-Serum Bank
Diagnosis Branch
Westwood Building - Room 10A10
5333 Westbard Avenue
National Cancer Institute
National Institutes of Health
Bethesda, Maryland 20205

ANNOUNCEMENT**AVAILABILITY OF REQUEST FOR COOPERATIVE AGREEMENT APPLICATIONS: RFA****84-ES-03****RAT PANCREATIC EXOCRINE LESIONS: BIOLOGICAL NATURE AND POSSIBLE****ROLE OF VEGETABLE OIL IN FORMATION OF THESE LESIONS IN GAVAGE STUDIES****P.T. 34; K.W. 1007009, 1002014, 0202022, 1200790****NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES**

Application Receipt Date: July 25, 1984

The Toxicology Research and Testing Program (TRTP) of the National Toxicology Program (NTP), National Institute of Environmental Health Sciences (NIEHS) invites cooperative agreement applications to aid in defining the relationship of dietary oil and increased incidence of pancreatic acinar cell proliferative lesions found in rats. A means to provide an accepted classification scheme of rat proliferative exocrine pancreatic lesion based on the biological nature of the lesions is also considered important. This Request for Applications (RFA) will be utilized to assist and stimulate research in an area of importance to toxicologists evaluating oil gavage studies, nutritionists concerned about the levels of dietary oil, oncologists working in the area of pancreatic carcinogenesis and finally physiologists studying the role of pancreatic trophic hormone interactions with dietary oil.

An applicant, if funded under this RFA will be supported through the cooperative agreement mechanism in accordance with the policies of the Public Health Service (PHS) and the National Institutes of Health (NIH).

An applicant may apply for a project period of up to five years under the RFA. The number of awards, up to three, will be dependent upon the merit of the respondents. The specific amount to be funded will depend upon the merit of the applications received and the availability of funds. It is the intent of this RFA to create or fund a program(s) of research in a location(s) where a critical mass of resources and qualified investigators already exists or can be assembled by the time of the award.

The awardee will have the primary responsibility for the planning and direction of the proposed research. This will involve active participation and interaction with the NTP/NIEHS staff on both administrative and scientific matters. NTP/NIEHS staff will periodically review progress to insure conformation to the award.

The receipt date for application is July 25, 1984. Prospective applicants should obtain a copy of the RFA before applying. The RFA and additional information are available from:

Gary A. Boorman, D.V.M., Ph.D.
Head, Tumor Pathology, CPB, TRTP
National Institute of Environmental
Health Sciences
P.O. Box 12233
Research Triangle Park, North Carolina 27709

ANNOUNCEMENT

AVAILABILITY OF REQUEST FOR APPLICATIONS: RFA

84-CA-12

DIETARY MARKERS FOR EPIDEMIOLOGIC STUDIES OF CANCER

P.T. 34; K.W. 1002014, 0701013, 0202022, 1003002, 1200780

NATIONAL CANCER INSTITUTE

Application Receipt Date: September 15, 1984

I. BACKGROUND

The current emphasis on nutritional factors as modulators of carcinogenesis in human populations has created an increased awareness of the need for biologic markers of present and past dietary exposures that might alter cancer risk. Experimental animal studies have indicated that the intake of specific dietary components is an important determinant of cancer risk. Attempts to apply these findings to the human situation are hindered by the difficulty of classifying individuals into intake (or exposure) categories.

In terms of nutritional status, attempts at assessment are usually based on questionnaire or interview-derived information. Problems exist in determining the extent to which such data reflect actual intake (e.g., selective recall, limited knowledge of food composition and complexity of diet), the extent to which utilization is a measure of bioavailability (e.g., absorption efficiency and the possibility that specific dietary components may be ingested in a form which renders absorption difficult or impossible) and individual variability in metabolic handling of substances after absorption.

It would clearly be advantageous to have available biochemical measures (preferably minimally invasive) which would provide unambiguous markers of the level and distribution of dietary constituents in individuals. Such methodology would facilitate the design, conduct and interpretation of epidemiologic studies focused on the relationship between diet, nutrition and cancer risk.

Because of the latency period involved in the carcinogenic process, it can be anticipated that cancer risk will have been modulated by dietary patterns which existed at some time in the past as well as those in the present. These past events are not always well defined by data on current dietary patterns for several reasons; among these, the fact that dietary patterns may vary significantly over time and because of our limited knowledge of the changing composition of foods. Markers of both present and past dietary experience are, therefore, of special interest in cancer epidemiology and some evidence from experimental studies suggests a potential for the development of markers for validation of present exposure or which reflect integrated past exposure.

Examples of markers which might provide measures of present exposure levels would include urinary 3-methylhistidine occurring in skeletal muscle as an estimate of muscle meat consumption and detection of 2,3-dihydro-2-(7'-guanyl)-3-hydroxy-aflatoxin-B1 as an indicator of exposure to aflatoxin-B1 in the diet. Examples of past exposure would include the existence of persistent DNA or protein adducts following exposure to specific materials, the accumulation of substances in the body which are excreted extremely slowly, and alterations in tissue composition which reflect past intake.

II. OBJECTIVES AND SCOPE

The purpose of this RFA is to encourage investigations designed to identify, characterize and validate markers of present or past dietary exposure which could be useful in the validation or the conduct of nutritionally focused studies in cancer epidemiology. Clearly, the more relevant to cancer risk and the more persistent the marker the greater its utility for this purpose. Because the methods to be developed will ultimately be utilized in epidemiological studies, it is important that consideration be given at the outset to feasibility in this context. Such factors as ease of conduct and expense as well as collection, storage and transport problems should be considered along with the accuracy and validity of the method. It is not our intent to exclude animal studies in this context where they are necessary for the development and validation of methodologies which will ultimately be applied to the human situation. The range of materials, for which markers of exposure are of interest, is extremely diverse. Included would be any foods and beverages, food groups or components, nutrients or trace elements derived from dietary sources which have been proposed to alter the risk of malignancy and for which human exposure is likely to have occurred. Documentation of inter-individual variation, both in absorption and metabolic utilization and in persistence of markers, is of interest.

III. INQUIRIES

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

Dr. A. R. Patel
Extramural Programs Branch
Epidemiology and Biostatistics Program
Division of Cancer Etiology
National Cancer Institute
Landow Building - Room 8C-16
Bethesda, Maryland 20205

Telephone: (301) 496-9600 (9601 or 9602 or 9603)

ANNOUNCEMENT

NCI COOPERATIVE MINORITY BIOMEDICAL PROGRAM

P.T. 34; K.W. 1002014, 1014002, 1200180, 1200950

NATIONAL CANCER INSTITUTE

I. DESCRIPTION

The National Cancer Institute (NCI) provides support for minority researchers through the Cooperative Minority Biomedical Program (CMBP).

Domestic research institutions already receiving NCI grants and interested in including minority researchers in their cancer research may submit a supplemental grant application for this purpose. Approved applications will be funded as supplements to previously peer reviewed active grants. These may include, but are not limited to, individual project (R01) and program project (P01) grants.

II. OBJECTIVES

The CMBP provides support to minority scientists to assist in providing increased opportunities for enlarging their capabilities in cancer research and to influence more minority scientists to develop careers as cancer investigators.

III. PROJECT EVALUATION

The NCI Program Director in conjunction with the Cancer Minority Program Advisory Committee (CMPAC) will determine the appropriateness of the supplement to the grant using the following criteria: the proposed research described in the supplemental application must fit within the scope of the approved and funded project; the curriculum vitae of the minority scientist must indicate that he/she could be expected to achieve the objectives of this project; and the length of time requested must be reasonable for achieving the objective. Initial merit review will be managed by the Division of Extramural Activities (DEA), NCI, following which a recommendation will be made by the National Cancer Advisory Board (NCAB).

IV. ELIGIBILITY

Any domestic institution with an active cancer research grant is eligible to submit a supplemental application on behalf of a principal investigator for the exclusive purpose of including minority researchers in the project.

- A. Minority Investigator - A minority investigator may be described as a U.S. citizen from an under-represented ethnic American nationality (e.g., Black, Hispanic, Native American, Asian or Pacific Islander). The minority investigator is expected to provide a complete curriculum vitae which includes a list of any research publications. The minority investigator(s) may be affiliated with the applicant institution(s) or some other institution. The program is not intended to pay stipends for student

trainees or support candidates without any research background. The investigator must be willing to devote a minimum of 30 percent of his/her time to the research project.

- B. Research Project - The proposed project for the supplement must be closely related to the currently funded research grant. It may represent an increased effort in an already approved objective of the research project or propose to enhance the effectiveness of the overall research. The nature of the research should provide the minority investigator an opportunity to contribute intellectually to the program and to broaden his/her own potential. The scope of the project will generally be comprehensive enough to require at least two years for completion and the supplemental application should include such a research plan and projected budget sheets. With appropriate justification a one-year application may be acceptable. No new supplemental applications will be accepted in the final year of the current award.

V. FUNDING

Funding will be made in accordance with the usual NIH policy for supplements. Awards will be issued on an annual basis. Continuing support for the second (or subsequent) year will depend upon approval of a satisfactory annual progress report and proposed budget from the minority investigator submitted with the principal investigator's non-competing continuation application. Funding for the supplement is always contingent on funding of the parent grant. Each minority investigator budget shall not exceed \$25,000 in direct costs and may not include equipment. Supplemental awards made under this program are for the sole purpose of facilitating participation by minority investigators as described above.

VI. HOW TO APPLY

The principal investigator should submit a supplemental grant application through the institution on the Standard Form PHS 398, limited to the following: (1) Face page, at the top of which the applicant must designate the grant number of the active grant and specifically state "Minority Investigator Supplement" (For example, grant number CA-12345-02 "Minority Investigator Supplement"); (2) budget page (excluding equipment); (3) biographical sketch of the minority researcher; and (4) outline of the research project as it relates to the parent grant.

Applications received fewer than 90 days prior to a scheduled NCAB meeting may be reviewed at the subsequent NCAB meeting.

The original and four (4) copies of the application should be sent to:

Division of Research Grants
National Institutes of Health
Westwood Building - Room 240
Bethesda, Maryland 20205

Please send two (2) copies to:

Mr. Hernon H. Fox
Referral Office
National Cancer Institute
National Institutes of Health
Westwood Building - Room 826
5333 Westbard Avenue
Bethesda, Maryland 20205

ANNOUNCEMENT**BIOCHEMISTRY AND PHARMACOLOGY PROGRAM****P.T. 34; K.W. 1200250, 1003012, 1201200****NATIONAL CANCER INSTITUTE**

The Biochemistry and Pharmacology Program of the Division of Cancer Treatment, National Cancer Institute (NCI), announces the following guidelines to assist investigators preparing grant applications in the synthetic chemistry area including synthesis of natural products. These criteria set forth the objectives of the preclinical drug development program of the NCI. The Institute will express interest in grant applications which include at least one of the following:

- o A rationale based on biochemical, pharmacological or experimental therapeutic considerations that the target molecules are likely to be potential anticancer agents.
- o Positive antitumor data in specific test systems with members of proposed structural entities or their analogs.
- o Compounds needed for follow-up studies and which are not available in adequate quantity from commercial or natural sources.
- o A confirmation from the NCI or from other institutions or laboratories indicating need and interest for synthesis of proposed compounds.

For more information, call or write:

M.V. Nadkarni, Ph.D.
Program Director for Grants
Biochemistry and Pharmacology Program
Division of Cancer Treatment
National Cancer Institute
National Institutes of Health
Blair Building - Room 401
9000 Rockville Pike
Bethesda, Maryland 20205

Telephone: (301) 427-8706

ANNOUNCEMENT

AVAILABILITY OF REQUEST FOR APPLICATIONS: RFA

84-HD-04

CHILD CARE, FERTILITY, AND FEMALE LABOR FORCE PARTICIPATION

P.T. 34; K.W. 0404000, 0413000, 0413002, 0404004

NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT

Application Receipt Date: August 15, 1984

I. SCIENTIFIC PROGRAM OBJECTIVES

The Demographic and Behavioral Sciences Branch (DBSB), Center for Population Research (CPR), National Institute of Child Health and Human Development (NICHD), supports research on the antecedents and consequences of fertility and fertility regulation. The RFA, for which this is a notice of availability, invites scientists to submit grant applications for the support of research on the interrelations among child care arrangements for employed parents, fertility, and female labor force participation. The DBSB has supported the collection of data on the care of preschool-age children, specifically in the June 1977 and June 1982 Current Population Surveys of the Census Bureau and the National Longitudinal Survey--Youth Cohort of the Department of Labor, Rounds Four, Five and Six. Investigators are encouraged to use these public data sets in research on the use of child care arrangements by parents, especially in relation to fertility, female labor force participation, and other population issues. However, it should be emphasized that research need not be limited to these data sets or to preschool-age children. Researchers may use extant data, new data, or a combination of both. The research may be multidisciplinary or may be conducted within a single discipline. In addition to utilizing United States data, investigators may use comparative, crosscultural, transnational, or historical approaches. However, this Request for Applications is focused on a fairly narrow range of research issues, specifically the interrelationship of child care, fertility and female labor force participation.

II. MECHANISM OF SUPPORT

The support mechanisms for this program will be the individual research project grant and the New Investigator Research Award (NIRA).

This program is described in the Catalog of Federal Domestic Assistance No. 13.864, Population Research. Awards will be made under 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 42 CFR Part 52 and 45 CFR Part 74. This program is not subject to Health Systems Agency review.

Copies of the complete RFA may be obtained from:

Wendy Baldwin, Ph.D.
Demographic and Behavioral Sciences Branch
National Institute of Child Health
and Human Development
Landow Building - Room 7C25
7910 Woodmont Avenue
Bethesda, Maryland 20205

Telephone: (301) 496-1174

ANNOUNCEMENT

AVAILABILITY OF ALCOHOL RESEARCH GRANTS

P.T. 34; K.W. 0404000, 0404003, 0414000, 0415000, 0701013, 0701038, 0701042, 1002019, 1002030, 1200420, 1201000, 1201270

ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION

NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM

I. INTRODUCTION AND PURPOSE

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) makes grant awards for basic and applied alcohol research projects. Grant support is available to develop knowledge in a wide range of areas relevant to alcohol-related problems and alcoholism: studies of the physiologic and behavioral mechanisms leading to pathologic drinking behavior; studies of alcohol-induced organ damage; and studies of clinical, behavioral and environmental factors that will lead to more effective diagnosis, prevention, and treatment techniques. Applications are especially encouraged for projects focused on the development and validation of new and improved treatment approaches, the reduction of alcohol-related deaths and trauma, as well as the prevention of alcoholism and alcohol-related problems.

II. AREAS OF INTEREST

The Institute supports alcohol-relevant research involving all the life-science disciplines including: chemistry, biochemistry, physiology, toxicology, pharmacology, neurosciences, genetics, molecular biology, psychology, sociology, anthropology, psychiatry, epidemiology and other related medical fields. Some areas of interest are:

Biomedical and Genetic research, such as the study of alcohol metabolism including research which utilizes molecular biological methodology, genetic variability to the metabolic, physiologic and neurologic effects of alcohol, identification of biological and environmental factors which contribute to the risk for alcoholism and alcohol-derived disease including the development of animal models;

Epidemiologic research, such as studies of drinking patterns and derived health consequences among differing demographic groups; study of residual risk for organ pathology among former alcoholics, and how factors such as duration of abstinence impact on this risk;

Neuropharmacological research, such as the cellular and molecular basis of alcohol intoxication, the role of the nervous system in tolerance and dependence including genetic factors contributing to expression of these phenomena, the effects of alcohol on neurotransmitters, neuroendocrine systems, membrane structure and function, and the study of alcohol and drug interactions;

Pathology-related research on the nature of alcohol-associated diseases, the relationship between alcoholism and other behaviorally induced disorders, the teratogenic effect of alcohol on pregnancy outcome, and differential susceptibility to the effects of alcohol based upon genetics, gender or other population characteristics. Particularly encouraged are studies on the role of alcohol in death and injury arising from vehicular, work-related, recreational and home accidents, and the medical management of trauma in intoxicated patients;

Prevention research, such as the study of preventive interventions to reduce the incidence of alcohol-related disorders and alcoholism, and to promote risk-reducing behaviors; the development of methods for the detection of high-risk precursors; and the influence of law and policy on the incidence and prevalence of alcohol problems;

Psychosocial research, such as the cognitive effects of alcohol abuse, the social and cultural differences in alcohol consumption, and the role of drinking in relation to accidents, violence, and crime;

Treatment research, such as the assessment of treatment outcome, the study of treatment efficacy, and the identification of factors that may affect the willingness of individuals to enter into treatment programs including the study of early identification and intervention in the workplace. Of special concern are studies that match characteristics of patients/clients (e.g., age, gender, personality traits, ethnicity) with specific treatment modalities.

In all of the above areas, NIAAA is particularly interested in projects which focus on alcohol-related problems of women, adolescents and youth, the elderly and minority ethnic groups.

III. APPLICATION PROCEDURES AND ELIGIBILITY

Further information on specific research areas supported by NIAAA and the processes for submission, review, and award of grant applications may be obtained by requesting a copy of the Alcohol Research Grants program from the National Clearinghouse for Alcohol Information, Box 2345, Rockville, Maryland 20852.

Although not mandatory, applicants desiring support under this announcement are encouraged to consult with program staff of NIAAA prior to official submission of an application. Inquiries should be made to:

Dr. Helen Chao
Chief, Biomedical Research Branch
or
Dr. Ernestine Vanderveen
Chief, Clinical and Psychosocial Research Branch
Parklawn Building - Room 14C-17
5600 Fishers Lane
Rockville, Maryland 20857

Telephone: (301) 443-4223

Applications received in response to the announcement will be assigned for review and funding consideration in accordance with established Public Health Service (PHS) policies and procedures. Grant awards are made under the Authority of Sections 301 and 510 of the Public Health Service Act, as amended (42 USC 241).

Applications received in response to the announcement will be assigned for review and funding consideration in accordance with established Public Health Services (PHS) policies and procedures. Submission of an application for a NIRA precludes concurrent application for a Research Scientist Development or Research Scientist Award, a National Research Service Award, or any similar award from ADAMHA or NIH. Individuals already receiving support from a NIRA are also precluded from applying for concurrent support under the above listed programs.

An applicant for a New Investigator Research Award may apply separately for a research project grant for a different project if there is no conflict with the time or other commitments to the NIRA. Awards will be made under the authority of Sections 301 and 510 of the Public Health Service Act.

ANNOUNCEMENT

AVAILABILITY OF NEW INVESTIGATOR RESEARCH AWARDS

P.T. 34; K.W. 0404000, 0404003, 0414000, 0415000, 0701013, 0701038, 0701042, 10020119, 1002030, 1200420, 1201000, 1201270

ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION

NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM

I. INTRODUCTION AND PURPOSE

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) encourages basic and applied research on all biomedical and psychosocial aspects of alcoholism and alcohol-related health problems. This announcement solicits applications for New Investigator Research Awards (NIRAs). The NIRA program is designed to help new investigators develop their research interests and capabilities in alcohol-related biomedical and psychosocial research. Support of these projects is expected to aid researchers bridge the transition from training status to independent investigator. In addition, this program seeks to attract established scientists who have not been principal investigators on NIAAA supported projects. NIAAA is interested in applications from all well qualified individuals. Women and minority candidates, in particular, are encouraged to apply.

II. AREAS OF INTEREST

NIAAA invites applications for research grants on biomedical, behavioral, clinical, sociocultural and epidemiological factors associated with the use or abuse of alcohol, the prevention and treatment of alcohol-related health problems, and the consequences of these health problems. Some areas of interest are:

Biomedical and Genetic research, such as the study of alcohol metabolism including research which utilizes molecular biological methodology, genetic variability to the metabolic, physiologic and neurologic effects of alcohol, identification of biological and environmental factors which contribute to the risk for alcoholism and alcohol-derived disease including the development of animal models;

Epidemiologic research, such as studies of drinking patterns and derived health consequences among differing demographic groups; study of residual risk for organ pathology among former alcoholics, and how factors such as duration of abstinence impact on this risk;

Neuropharmacological research, such as the cellular and molecular basis of alcohol intoxication, the role of the nervous system in tolerance and dependence including genetic factors contributing to expression of these phenomena, the effects of alcohol on neurotransmitters, neuroendocrine systems, membrane structure and function, and the study of alcohol and drug interactions;

Pathology-related research, on the nature of alcohol-associated diseases, the relationship between alcoholism and other behaviorally induced disorders, the teratogenic effect of alcohol on pregnancy outcome, and differential susceptibility

to the effects of alcohol based upon genetics, gender or other population characteristics. Particularly encouraged are studies on the role of alcohol in death and injury arising from vehicular, work-related, recreational and home accidents, and the medical management of trauma in intoxicated patients;

Prevention research, such as the study of preventive interventions to reduce the incidence of alcohol-related disorders and alcoholism, and to promote risk-reducing behaviors; the development of methods for the detection of high-risk precursors; and the influence of law and policy on the incidence and prevalence of alcohol problems;

Psychosocial research, such as the cognitive effects of alcohol abuse, the social and cultural differences in alcohol consumption, and the role of drinking in relation to accidents, violence, and crime;

Treatment research, such as the assessment of treatment outcome, the study of treatment efficacy, and the identification of factors that may affect the willingness of individuals to enter into treatment programs including the study of early identification and intervention in the workplace. Of special concern are studies that match characteristics of patients/clients (e.g., age, gender, personality traits, ethnicity) with specific treatment modalities.

In each of the above areas, NIAAA is particularly interested in projects which focus on alcohol-related problems of women, adolescents and youth, the elderly and minority ethnic groups.

III. APPLICATION PROCEDURES AND ELIGIBILITY

A NIRA award is restricted to an individual who has not been a principal investigator on a NIAAA research project. An investigator with previous support under either a fellowship or training grant, however, is eligible. The principal investigator must have completed his or her formal professional training. New investigators shall have no more than five years of research experience, after completion of training, when the award is made. Those applicants wishing to re-focus their careers to alcohol research need meet only the criterion of no previous NIAAA support.

A copy of the full NIRA program announcement may be obtained by writing to the National Clearinghouse for Alcohol Information, P.O. Box 2345, Rockville, Maryland 20852. Further information on program requirements and application procedures can also be obtained from:

Dr. Helen Chao
Chief, Biomedical Research Branch
or
Dr. Ernestine Vanderveen
Chief, Clinical and Psychosocial Research Branch
Parklawn Building - Room 14C-17
5600 Fishers Lane
Rockville, Maryland 20857

Telephone: (301) 443-4223

ANNOUNCEMENT

ISRAELI MINISTRY OF HEALTH POSTDOCTORAL RESEARCH FELLOWSHIPS

P.T. 22, 48; K.W. 1200170, 1200180, 0404000, 0112066

FOGARTY INTERNATIONAL CENTER

Application Receipt Date: October 1, 1984

I. BACKGROUND

The Israeli Ministry of Health (IMOH) provides postdoctoral fellowships to U.S. health scientists to conduct biomedical research in Israel. The purpose of these fellowships is to enhance the exchange of research experience and information in the biomedical and behavioral sciences with emphasis on heart diseases, aging, cancer, and human reproduction and child development. These fellowships support scientists who are at various stages of their research careers -- from those in the formative stages to the more established scientists. The program does not provide support for activities that have as their principal purpose brief observational visits, attendance at scientific meetings, or independent study.

The program is administered for the IMOH by the Fogarty International Center (FIC), National Institutes of Health (NIH).

II. ELIGIBILITY

Applicants for the program must meet the following requirements:

- o U.S. citizenship or permanent U.S. resident,
- o A doctorate in one of the clinical, biomedical, or behavioral sciences,
- o Professional experience in the proposed area of research.

III. SUPPORT

The IMOH will provide the following support:

1. STIPEND. The level of stipend is comparable to the fellow's counterpart in Israel and is determined by the experience of the applicant at the time of award. Professional experience in academic, clinical and/or institutions may be considered relevant experience for scientists who are in the formative stage of their research career. Fellows may accept sabbatical salary, concurrent royalties, or other income from past services if reported in the application.
2. TRAVEL. Round-trip, economy-class air fare expenses are provided for fellows from point of origin in the United States to the Israeli host institution. No reimbursement will be made for any other expenses en route, nor for costs of transporting personal or household effects.

3. HEALTH INSURANCE. Accident insurance coverage is provided for fellows during their stay in Israel. Each fellow is strongly urged to purchase insurance in the United States to cover the round trip transit period for himself/herself and accompanying family dependents.

IV. DURATION OF PARTICIPATION

Fellowships are awarded for a minimum of 3 months to a maximum of 12 months. The starting date of the fellowship is set by mutual agreement of the applicant and the sponsoring institution, provided it is within the twelve month period immediately following the date of the award. In exceptional cases, fellowships may be extended for an additional period of time if mutually agreed to by the Israeli sponsor and the IMOH.

V. APPLICATION AND SELECTION

Information and applications are provided by the Fogarty International Center. In addition to biodata and reference reports, the applicant will be required to include a clear and explicit description of the proposed activity to be carried out in Israel and the benefit expected from the experience. The proposed research should be in one of the four areas supported under this program, however the IMOH will consider applications in other areas of biomedical and behavioral research. It is the applicant's responsibility to agree upon a research project with a scientific sponsor in Israel either through direct correspondence or through correspondence conducted on the applicant's behalf by a senior scientist in the United States with any Israeli scientific colleague. The Israeli sponsor's portion of the application should indicate that he or she is prepared to guide and administer the proposed research project, and can provide the necessary facilities.

The receipt date for applications is October 1. Applications are reviewed for scientific merit by the NIH before being transmitted to IMOH for final selection. Candidates will be notified shortly thereafter by the IMOH of the results

VI. INQUIRIES AND APPLICATION KITS

Please direct all inquiries about this program and requests for application kits to:

Chief, International Research and Awards Branch
Fogarty International Center
National Institutes of Health
Bethesda, Maryland 20205

ANNOUNCEMENT

VISITING SCIENTISTS PROGRAM OF THE NATIONAL SCIENCE COUNCIL, TAIWAN

P.T. 22, 48; K.W. 1200170, 1200180, 0404000, 0112133

FOGARTY INTERNATIONAL CENTER

I. BACKGROUND

The Visiting Scientists Program of the National Science Council in Taipei, Taiwan (NSCT) provides a limited number of research fellowships to United States health scientists to conduct research or to lecture in Taiwan. The purpose of these fellowships is to enhance the exchange of information in the biomedical and behavioral sciences. The program does not provide support for activities that have as their principal purpose a brief observational visit, attendance at a scientific meeting, or independent study.

The NSCT is interested in receiving applications in the areas of cancer, cardiovascular diseases, stroke, infectious diseases, environmental health, blood banking, and animal models. Whereas the above listed areas are preferred, the NSCT will also accept applications in other areas of biomedical research.

The program is being announced for the NSCT by the Fogarty International Center (FIC), National Institutes of Health (NIH).

II. TYPES OF AWARDS

The NSCT Visiting Scientists Program provides opportunities for scientists at three career levels: (1) Special Chair, (2) Visiting Research Professor, and (3) Visiting Specialist. Internationally prominent scientists may apply for the Special Chair Award which encompasses research in areas that are highly relevant to Taiwan. Scientists who hold a full professorship may apply for the Visiting Research Professor Award. In this capacity they would guide advanced research projects or lecture on recent developments in the field of science. Scientists who have at least 5 years postdoctoral experience, or whose scientific specialty has not been fully developed in Taiwan, may apply for the Visiting Specialist Award.

III. SUPPORT

The NSCT will provide the following support:

1. **Living Expenses:** The living expenses for the Special Chair Award range from *NT \$56,000 to NT \$88,000 per month. For the Visiting Research Professor and the Visiting Specialist Awards, the living expenses are NT \$46,000 to NT \$76,000 per month. The level of payment for each award is determined by the NSCT and is based on the qualifications of the applicant. The living expenses are written into the contract.

*U.S. \$1 = NT \$40

The money paid for living expenses is subject to income withholding tax according to Taiwan's Income Tax Law. The tax return must be filed by the awardee, but the host institution should provide necessary assistance.

2. **Travel:** For a visit of 6 months or less, a round-trip, direct-route, economy-class air ticket will be provided to the awardee. For a visit of over 6 months but less than 10 months, two round-trip, direct-route, economy-class air tickets will be provided for use by the awardee and his/her spouse. For a visit of over 10 months, two round-trip, direct-route, economy-class air tickets will be provided for use by the awardee and his/her spouse, and up to two single trip, direct-route, economy-class air tickets may be provided for use by the awardee's children who are 18 years of age or younger. The awardee is advised to take China Airlines in his/her travel to and from Taiwan, if possible.
3. **Housing:** If the host institution provides a house for the awardee, there is no housing allowance. If housing is not provided, there is a housing allowance of NT\$4,000/month for an awardee unaccompanied by family and NT\$8,000/month for an awardee accompanied by family.
4. **Medical Insurance:** If the awardee's U.S. insurance policy does not give adequate protection for the insured while outside the United States, the awardee may purchase medical and casualty insurance from the Central Trust, Taipei. In such case, the awardee will be required to pay 35% of the premium and the NCST will contribute the remainder.

IV. DURATION OF AWARD

The duration of the award is determined by the work plan but should not be less than three months. The contract term does not exceed 1 year, but the contract may be renewed if necessary.

V. APPLICATION AND SELECTION

To be considered for an award, the candidate must apply to the NSCT at least 3 months in advance of the intended commencement date of the visit. The request should be accompanied by a workplan with the following content:

1. Title of the work
2. Brief statement about the nature of the work
3. Detailed description of the plan with a time schedule
4. Expected achievements and their contributions to science development in Taiwan
5. Curriculum vitae and publication list of the applicant
6. Relevance of the workplan to the overall institutional program

7. A letter of invitation from the host that includes information about the manpower available from the host institution to support the workplan, and availability of space, library facilities, instruments, etc. for the proposed work.

Applications should be sent to:

Dr. Ti-Sheng Lu
Division of International Programs
National Science Council
2 Canton Street
Taipei, Taiwan

VI. TERMINATION OF AWARD

The host institution will submit to the NSCT a final report in triplicate within 2 months after the termination of the award. The report should include all accomplishments resulting from the award.

VII. INQUIRIES ABOUT AND REQUESTS FOR APPLICATIONS SHOULD BE SENT TO:

Chief, International Research
and Awards Branch
Fogarty International Center
National Institutes of Health
Building 38A - Room 613
Bethesda, Maryland 20205

Public Health Service

GRANTS POLICY STATEMENT



ADDENDUM

INTRODUCTION

Since the issuance of the revised Public Health Service (PHS) Grants Policy Statement, dated December 1, 1982 (DHHS Publication No. 82-50,000), we have found there is a need to modify certain portions of the document. This addendum reflects additions to, corrections or clarifications of, or deletions from, that PHS Grants Policy Statement.

The addendum becomes part of the existing PHS Grants Policy Statement and should be maintained with it. In general, the addendum will be effective for grants with budget periods beginning on or after April 1, 1984. However, two exceptions are noted:

1. The expanded Institutional Prior Approval System described in this document will be effective on April 1, 1984, for grants active on that date—without regard to budget period beginning dates.
2. Where a policy in the addendum previously was issued in the PHS Grants Administration Manual (GAM), the effective date of the GAM material shall take precedence.

Questions concerning the contents or preparation of this addendum or the PHS Grants Policy Statement should be directed to the Grants Management Branch, Division of Grants and Contracts, ORM/OM/PHS, 5600 Fishers Lane, Rockville, MD 20857.

Wilford J. Forbush
Deputy Assistant Secretary
for Health Operations and
Director, Office of Management

ADDENDUM TO PUBLIC HEALTH SERVICE GRANTS POLICY STATEMENT

Page i—*Preface*—Under the OASH description, the last sentence should be expanded to read as follows: "Grant and cooperative agreement programs are administered in OASH by the National Center for Health Services Research, the Office of Disease Prevention and Health Promotion, and the Office of Population Affairs."

Page 1—*Effective Date*—The PHS Grants Policy Statement is effective for all awards with budget period beginning dates on or after December 1, 1982.

Page 2—*Approved Budget*—The following sentence, which was omitted from the current definition, should be reinserted at the end: "Any expenditures charged to an approved budget that consists of both Federal and non-Federal shares are deemed to be borne by the grant in the same proportion as the percentage of Federal/non-Federal participation in the overall budget."

Page 2—*Glossary: Competitive Segment*—The word "competitive" was misspelled.

Page 3—*Glossary: Federal Institution*—"Federal hospitals, such as VA hospitals" are not to be excluded from the definition of a Federal institution. Thus, the second sentence should be shortened to read as follows: "Howard and Gallaudet Universities are not considered as Federal institutions under this definition."

Page 6—*New Applications*—This paragraph references the external review requirements of OMB Circular A-95, as do a number of topics under the major heading "PREAWARD PROCESS" (pages 9-20). Within that major heading, the principal material on the Circular is set forth on pages 17-19 (under the title "EXTERNAL REVIEW REQUIREMENTS"). All of that material, *except* for the section on "Health Planning and Development Reviews," should be deleted (three sections) and the following section should be substituted (on page 17):

"Executive Order 12372

Effective September 30, 1983, Executive Order 12372 (Intergovernmental Review of Federal Programs) directed OMB to *abolish OMB Circular A-95* and establish a new process for consulting with State and local elected officials on proposed Federal

financial assistance. The Department of Health and Human Services has implemented the Executive Order through regulations at 45 CFR Part 100 (Intergovernmental Review of Department of Health and Human Services Programs and Activities). The objectives of the new approach are to (1) increase State flexibility to design a consultation process and select the programs it wishes to review, (2) increase the ability of State and local elected officials to influence Federal decisions, and (3) compel Federal officials to be more responsive to State concerns, or explain the reasons.

The regulations at 45 CFR Part 100 were published in the *Federal Register* on June 24, 1983, along with a notice identifying the Department's programs that are subject to the provisions of Executive Order 12372. Applicants should contact the Governor's office for information regarding the particular consultation (review) process designed by their State."

Page 7—*A Noncompeting Extension*—In the first paragraph, reference to administrative approval by the "Grants Management Officer or the PHS awarding office" should read "of" the PHS awarding office.

Page 11—*Paragraph G*—The words "section 501 of the Mental Health Systems Act (Public Law 96-398)" should be deleted.

Page 13—*Human Subjects*—In the first sentence, the reference to "P.L. 93-348" should be deleted.

Page 16—*Information Collection*—The reference to OMB Circular A-40 should be deleted, because the circular has been abolished. The current report clearance procedures are set forth in OMB regulations at 5 CFR Part 1320, "Controlling Paperwork Burdens on the Public."

Page 19—*Application Receipt*—The Department of Health and Human Services has approved a deviation from the postmark date requirement for grant applications processed through NIH's Division of Research Grants (DRG). The DRG system requires that applications must be *received* by the published application receipt dates. A package carrying a legible proof-of-mailing date assigned by the carrier, and which is no later than one week prior to the receipt date, is also acceptable. If the receipt date falls on a weekend, it will be extended to Monday; if the date falls on a holiday, it will be

extended to the following work day. The receipt date will be waived only in extenuating circumstances. To request such a waiver, include an explanatory letter with the signed completed application. No waiver will be granted prior to receipt of the application.

Page 22—*Individual Fellowships*—The maximum activation period for individual fellowships under the National Research Service Award program is 6 months from the time of award.

Page 23—*Terms of Award*—This section states that grant terms may be changed with the consent of the Grants Management Officer. It should be understood that such changes are permitted only when consistent with applicable statutes and regulations and deemed to be in the best interest of the Government.

Page 24—*Cost Sharing*—In the first paragraph, "research grants to Federal institutions" are cited as an example of allowing "less than full recovery of indirect costs to satisfy the requirement for cost sharing." Current policy (1) prohibits grant funds from being used to pay indirect costs incurred by Federal institutions, and (2) relieves such grantees from a cost sharing requirement.

Page 25—*General Requirements for Matching and Cost Sharing*—The last sentence in the first column (extending to the second column) should be revised to read as follows:

"Where a fixed minimum percentage of match is not specified by legislation or regulation and the actual reported level of match does not meet the previously negotiated percentage (as shown on the notice of grant award), the PHS awarding office may either reduce the Federal grant, or, where circumstances warrant, make a retroactive adjustment and accept a lower percentage of match."

Page 28—*Alteration and Renovation*—In the second column, item 9.c. states that the amount of project funds rebudgeted for alteration and renovation during a budget period cannot exceed \$1,000 without prior approval. However, in accordance with page 45 (as revised by this addendum), grantee organizations subject to an Institutional Prior Approval System are to use that system for alteration and renovation expenditures not to exceed \$5,000.

Page 32—*Equipment Purchase*—The requirement that "PHS awarding office prior approval" be obtained for the purchase of special-purpose equipment costing \$1,000 or more per unit is part of a general statement on the subject of equipment purchases and associated prior approvals. All

required prior approvals must be given by the PHS awarding office, unless such approval authority has been delegated to the grantee by means of an Institutional Prior Approval System (see pages 44-45). In the case of special-purpose equipment costing \$1,000 or more, the method for obtaining prior approval has been delegated to certain grantee institutions (e.g. colleges, universities, hospitals, research institutes, and research foundations) for treatment under an Institutional Prior Approval System.

Page 32—*Equipment Purchase*—The second sentence states (in part) that "PHS awarding office prior approval is required for the purchase of general-purpose equipment costing \$500 or more per unit." However, in accordance with page 45 (as revised by this addendum), grantee organizations subject to an Institutional Prior Approval System are to use that system for general-purpose equipment not to exceed \$1,000 per unit.

Page 33—*Insurance (Equipment)*—The paragraph on Government-owned equipment is changed to read as follows: "Costs of insurance on Federal Government-owned equipment are allowable with prior approval."

Page 34—*Meals*—In the last sentence the word customer should be "consumer."

Page 34—*New Release Costs*—The paragraph on this subject is changed to read as follows: "Allowable with prior approval. However, the requirement for prior approval does not apply to educational institutions."

Page 35—*Rental or Lease of Facilities and Equipment*—The following paragraph should be substituted for the next to last paragraph on the page:

"When an institution transfers property to a third party through sale, lease or otherwise, and then leases the property back from that third party, the lease cost that may be charged to PHS projects generally may not exceed the equivalent of the cost of ownership."

Pages 36-37—*Salaries and Wages*—The following paragraph, which was omitted from this section, should be reinserted:

"*Research [career] development*: Grant funds budgeted for an individual's salary but released as the result of transfer of support of an individual to a PHS research or academic career program grant may not be used for any other purpose without prior approval from PHS."

Page 38—*Trainee Costs*—The heading of the second

indented paragraph is modified to read "Institutional Allowances (Fellowships) and Training Related Expenses (Training Grants)." Further, the last two sentences in this paragraph are revised to eliminate the requirement for applicants to itemize training related expenses in training grant applications under the National Research Service Award program. The revised sentences are as follows:

"For training grants awarded under the National Research Service Award authority, training related expenses are also based on certain allowable ceiling (maximum) amounts per year for each full-time pre- and postdoctoral trainee. The relevant grant application instructions should be consulted for the current allowable ceiling amounts."

Page 38—*Stipends*—The current stipend levels are as follows:

1. Predoctoral	
	\$5,292 regardless of the year of award.
2. Postdoctoral	
	Years of Relevant Experience
	0 \$14,040
	1 14,736
	2 15,468
	3 16,236
	4 17,040
	5 17,892
	6 18,780
	7 or more 19,716

Page 39—*Stipends*—The sentence beginning on line 10 in the second complete paragraph (first column) is incomplete. It should be deleted and replaced by the last paragraph in the section.

Page 40—*Travel*—In the first complete sentence, delete the words "under the IPAS" and add the following sentence to the paragraph (which begins on page 39): "Prior approval for domestic travel and for each foreign trip is to be obtained through the recipient's Institutional Prior Approval System."

Page 40—*Travel*—The first complete paragraph should be revised, for clarification, as follows: "For recipients that are nonprofit institutions, *other than research institutes and research foundations*, direct charges for foreign travel costs are allowable only when the travel has received awarding office prior approval."

Page 40—*Indirect Costs*—In the third line of item 3, the word following "rates" should be "of."

Page 43—*Postaward Administration*—The last sentence of the introductory paragraph should be deleted, since it is not entirely accurate in its general

references to the scope of the HHS grant appeals procedure. Readers are directed to page 57 (as revised by this addendum) for specific policy guidance on both the PHS and HHS grant appeals procedures.

Page 43—*Changes in Expenditures/Activities*—Footnote 19 should be deleted, since the prior approval requirements in item 2 (top of second column) apply to all research grants—regardless of the type of grantee.

Page 43—*Changes in Expenditures/Activities*—The second column contains a list of postaward *budgetary* changes for which prior approval must be obtained from the Grants Management Officer of the PHS awarding office. This list is not all-inclusive. As indicated within item 2, a grantee should consult the appropriate set of cost principles (see page 27) in order to compile a complete list of such "prior approval" items.

Page 43—*Changes in Expenditures/Activities*—In the second column, item 6 indicates that the procurement of general support services is subject to prior approval by the Grants Management Officer of the PHS awarding office. However, in accordance with page 45 (as revised by this addendum), grantee organizations subject to an Institutional Prior Approval System are to use that system for such procurements.

Page 45—*Institutional Prior Approval System*—The last paragraph of this section, which begins on page 44 and ends at the top of page 45, is revised to read as follows: "A grantee's Institutional Prior Approval System, which must be set forth in writing, is subject to PHS review and audit—including the individual actions taken under the system. Where a grantee institution is found to be in noncompliance with the above standards, PHS may withdraw that institution's authority to approve certain costs for PHS grants under its Institutional Prior Approval System."

Page 45—*PRIOR APPROVAL AUTHORITIES*—THIS ITEM, WHICH DESCRIBES AN EXPANDED INSTITUTIONAL PRIOR APPROVAL SYSTEM (IPAS), REPRESENTS THE MOST SWEEPING MODIFICATION SET FORTH IN THE ADDENDUM.

- Delete the two sections that separately deal with an IPAS for *State or Local Government Agencies or Indian Tribal Governments* and an IPAS for *Colleges, Universities, Hospitals, Research Institutes, and Research Foundations*.
- Substitute the following two new sections.

"For-Profit Organizations

For-profit organizations must obtain prior approval from the Grants Management Officer of the PHS awarding office for all proposed programmatic changes and rebudgeting actions for which prior approval is required."

"All Other Grantees

This section is effective on April 1, 1984, and covers the following types of grantees: State or local government agencies, Indian tribal governments, Federal institutions, colleges, universities, hospitals, research institutes, and research foundations. These types of grantees are required to establish and use an Institutional Prior Approval System for obtaining prior approval for the following kinds of postaward budgetary changes under nonconstruction discretionary grants, where such prior approval is required by the relevant cost principles (see page 27) or by PHS policy.

1. Purchase of each individual item of special-purpose equipment having an acquisition cost of \$1,000 or more, whether as a result of rebudgeting from another budgetary category or using funds awarded for the acquisition of equipment for items not described in the approved application.
2. Patient care costs in excess of the amount in the approved budget, provided the need for patient care in the project was specifically approved by the PHS awarding office.
3. Domestic travel when such travel is not included in the approved budget and for cumulative expenditures for domestic travel in any budget period that will cause the amount awarded in the approved budget for such travel to be exceeded by \$500 or 25 percent of the budgeted amount, whichever is greater.
4. Each single contract for the procurement of general support services, including procurement of equipment and supplies, that will result in a charge of \$25,000 or 10 percent of the total approved direct cost budget, whichever is greater.
5. General-purpose equipment not to exceed \$1,000 per unit.
6. Foreign travel (each separate foreign trip).
7. Insurance on Federal Government-owned equipment.
8. Public information service costs (news releases).
9. Publication and printing costs not to exceed

\$20,000 for a single publication.

10. Self-insurance program (contributions to a reserve fund).
11. Alteration and renovation expenditures not to exceed \$5,000 in a budget period.
12. Audiovisual materials—the cost of acquisition or production not to exceed \$20,000 for a single audiovisual product.

"Grantees covered by this section must request PHS awarding office prior approval for all other proposed programmatic changes and budgetary actions that require such approval."

Page 46-47—*Change of Grantee Organization*—At the top of page 47, strike the phrase "and may only be accomplished competitively."

Page 50—*Patents and Inventions*—This section is expanded to read as follows:

"HHS's regulations on patents and inventions arising out of activities assisted by a grant are set forth in 45 CFR Parts 6 and 8. The HHS patent regulation at 45 CFR Part 8 is under revision. Until a revised Part 8 is issued, OMB Circular No. A-124 (Patents—Small Firms and Nonprofit Organizations), effective March 1, 1982, shall take precedence over any conflicting provisions of the existing HHS patent regulation."

Page 51—*Procurement*—The following changes are made in the second paragraph:

- In order to indicate that nongovernmental recipients also must make positive efforts to use woman-owned business firms in the procurement of goods and services, the end of the first sentence is expanded to read "use small business concerns, minority-owned businesses, and woman-owned businesses as sources of such goods or services."
- The citations on the seventh line now read "13 CFR Part 121 and 41 CFR 1-1.701-1."
- In the third sentence, the phrase "with less than 500 employees" has been deleted. The general guidance intended by this sentence should not include such a standard.
- The citation 41 CFR 1-1.1303 is added to help define a "minority-owned business enterprise."
- Finally, at the end of the paragraph, the following definition of a woman-owned business has been added: "A woman-owned business is a business which is, at least, 51 percent owned,

controlled, and operated by a woman or women."

With the above changes, the paragraph now reads as follows: "In the procurement of goods or services, including consultant services, nongovernmental recipients must make positive efforts to use small business concerns, minority-owned businesses, and woman-owned businesses as sources of such goods or services. For this purpose, "small business" is defined by using the criteria contained in 13 CFR Part 121 and 41 CFR 1-1.701-1. Generally, if no standard for an industry's field of operation is provided in the regulations, "a small business concern" means an independently owned and operated business that is not dominant in its field of operation. Such a concern may include, but is not limited to, an individual, a partnership, a corporation, a joint venture, an association, or a cooperative. In addition, the concern must make a significant contribution to the U.S. economy through payment of taxes and/or use of American products, materials, and labor. A "minority-owned enterprise," as described in 41 CFR 1-1.1303, is a business, at least 50 percent of which is owned by minority group members, or in the case of a publicly owned business, at least 51 percent of the stock of which is owned by minority group members. A "woman-owned business" is defined as a business which is, at least, 51 percent owned, controlled, and operated by a woman or women."

Page 51—Procurement—Recently a series of equipment control reviews have been conducted by (a) the Inspector Generals of several departments under an initiative approved by the President's Council on Integrity and Efficiency and by (b) the President's Private Sector Survey on Cost Control. Those reviews revealed a failure on the part of a number of grant recipients to comply with the governmentwide requirement providing that grantee procurement actions follow a procedure to assure the avoidance of purchasing unnecessary or duplicative items. Consequently, we find it necessary to highlight that particular requirement by adding the following paragraph to this section:

"Grant recipients must assure that their procurement procedures include a property management/identification capability to avoid the purchase of unnecessary or duplicative items. The basis for this requirement is Attachment 0 (Procurement Standards) of OMB Circular A-102, which is applicable to governmental grantees, and Attachment 0 (Procurement Standards) of OMB Circular A-110, which is applicable to nongovernmental grantees. (See 45 CFR 74.161.)"

Page 52—Contracts for General Activities—Because this item is now subject to an Institutional Prior Approval System, in accordance with the revisions to page 45, the requirement for PHS prior approval applies only to certain types of grantee organizations.

Page 56—Suspension, Termination, and Withholding—Delete the last sentence of the second paragraph and substitute the following sentence: "Where a noncompeting continuation award is denied (withheld) because the grantee failed to comply with the terms of a previous award, such a determination may be appealed by the grantee—but only under the HHS grant appeals procedures."

Delete the last sentence of the third (and last) paragraph.

Page 57—Grant Appeals Procedures—The following information, although somewhat duplicative, is designed to clarify the existing material on this subject.

- Because the scope (jurisdiction) of the PHS Grant Appeals Board (42 CFR 50, Subpart D) differs from that of the HHS Grant Appeals Board (45 CFR 16) in several respects, there are not always two levels of appeal available to grantees.
- The scope of the PHS Board is limited to discretionary project programs and, as stated on page 57, the PHS Board reviews the following adverse administrative determinations:
 1. Termination, in whole or in part, of a grant for failure of the grantee to carry out its approved project in accordance with the applicable law and the terms and conditions of such assistance, or for failure of the grantee otherwise to comply with any law, regulation, assurance, term, or condition applicable to the grant.
 2. A determination that an expenditure not allowable under the grant has been charged to the grant, or that the grantee has otherwise failed to discharge its obligation to account for grant funds.
 3. The disapproval of a grantee's written request for permission to incur an expenditure during the term of a grant. (The failure of a PHS awarding office to respond to such a request within 30 days of the postmark date of the grantee's request shall be considered a disapproval.)
 4. A determination that a grant is void.

- The HHS Board covers disputes under mandatory grant programs as well as disputes under discretionary project programs. With respect to the latter category, the HHS Board reviews the following adverse administrative determinations:

1. A disallowance or other determination denying payment of an amount claimed under an award, or requiring return or set-off of funds already received. This does not apply to determinations of award amount or disposition of unobligated balances, or selection in the award document of an option for disposition of program-related income.
2. A termination for failure to comply with the terms of an award.
3. A denial of a noncompeting continuation award under the project period system of funding where denial is for failure to comply with the terms of a previous award.
4. A voiding (a decision that an award is invalid because it was not authorized by statute or regulation or because it was fraudulently obtained).

Page 58—*Debt Collection*—This section is modified to read as follows:

“The Federal Claims Collection Standards (4 CFR Parts 101-105) require that, except where prohibited by law, PHS charge interest on all delinquent debts owed to PHS by grantees. Debts are considered delinquent 30 days after notification to the grantee of the indebtedness. The interest will be computed at the prevailing interest rates issued by the Department of the Treasury. Penalties and administrative costs of collection shall also be charged to grantees other than State and local governments, in accordance with the Debt Collection Act of 1982. The date from which interest is computed is not extended by the filing of an appeal.

“Should a grantee appeal a monetary adverse determination through 42 CFR Part 50, Subpart D and/or 45 CFR Part 16, collection will be suspended pending a final decision on the appeal. If the determination is sustained (either fully or partially) interest will be charged.”

Page 60—*PHS Awarding Offices*—The following changes should be noted:

- Under the Office of the Assistant Secretary for Health, there are three awarding components—as follows:

“National Center for Health Services Research
5600 Fishers Lane
Rockville, Maryland 20857

Office of Disease Prevention and Health Promotion
330 C Street, S.W.
Washington, D.C. 20201

Office of Population Affairs
330 Independence Avenue, S.W.
Washington, D.C. 20201”

- Under the Centers for Disease Control, the National Institute for Occupational Safety and Health should be deleted.
- In the second column, the Health Resources and Services Administration is comprised of the following four awarding components:

“Bureau of Health Professions
5600 Fishers Lane
Rockville, Maryland 20857

Bureau of Health Maintenance Organizations and Resources Development
5600 Fishers Lane
Rockville, Maryland 20857

Bureau of Health Care Delivery and Assistance
5600 Fishers Lane
Rockville, Maryland 20857

Indian Health Service
5600 Fishers Lane
Rockville, Maryland, 20857”

Page 75—*Requirements for Federally Assisted Construction Contracts*. . .—In the second line of the introductory sentence, the word “or” should be “on.”

Page 81—*Appendix IV*—Reference in the chart to “Appendix B” should instead read “Appendix II.”

Page 90—*Policies Governing Federal Grantees*—Add the following new paragraph after the paragraph on “ALLOWABILITY OF COSTS.”

"SALARIES

No salary or fringe benefit payments may be made from PHS grant funds to career, career-conditional, or other Federal employees (civilian or military) with permanent appointments provided for under existing position ceilings of a given Federal component. Temporary employees specifically hired to assist in the conduct of a sponsored PHS assistance program may, if authorized by the grant award, be reimbursed from grant funds."

*Page 90—Policies Governing Federal Grantees—*The section entitled "PRIOR APPROVAL AUTHORITIES" should be deleted. Readers are directed to page 45 (as revised by this addendum) for guidance on the establishment and use of an Institutional Prior Approval System by Federal grantees.

*Page 92—Grants to For-Profit Organizations—*In the last sentence of the second paragraph, delete the word "research" to indicate that for-profit organizations are eligible for grants for purposes other than research—as well as for research grants. Similarly, the word "research" in the second line of the fourth paragraph should be deleted.

*Page 92—Grants to For-Profit Organizations—*Under item 4, the citation in the last sentence should read "Chapter 38 of Title 35 U.S. Code."

*Page 92—Grants to For-Profit Organizations—*An item 6 should be added as follows:

"6. Prior Approval Authority—For-profit organizations must obtain prior approval from the Grants Management Officer of the PHS awarding office for all proposed programmatic changes and rebudgeting actions for which prior approval is required."