NIH GUIDE for GRANTS and CONTRACTS

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Vol. 7, No. 11, August 18, 1978

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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, Division of Research Grants, NIH, Room 219, Westwood Building, Bethesda, Maryland 20014, 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.

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

Supplements, printed on yellow paper, are published by the respective awarding units concerning new projects, solicitations of sources, and requests for proposals.

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NIH Guide for Grants and Contracts
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STUDIES ON ENDOTHELIUM IN RELATION TO ATHEROGENESIS, NHLBI

ANNOUNCEMENT

The Atherogenesis Branch, NHLBI, wishes to encourage research on endothelium as it may relate to atherogenesis and requests that investigators consider applying for regular grant support in this area.

This is the first of three announcements of this area of research interest to be made during the coming year prior to the regular application receipt dates of November 1, 1978; March 1, 1979; and July 1, 1979. Applications should be made in the usual manner and review will be conducted in the usual manner for regular grant applications. It is hoped that at least 10 new awards may be made as a result of this announcement.

There is a growing body of evidence that changes in the structure and functions of arterial endothelium may be important in the initiation of atherosclerosis. Concepts of endothelial injury, loss of barrier function, metabolic dysfunctions, and repair have become part of current hypotheses about how the intima reacts with the macromolecular and platelet components of the blood to initiate plaque formation. However, the meaning or meanings to be attributed to such general words as "injury" or "repair" have not been elucidated and it is neither clear what specific properties or functions of endothelium are germane, nor how they may best be measured. It is hoped that studies conducted on normal and abnormal endothelium may help to identify and measure endothelial properties of interest, develop criteria and measures of injury and repair, identify agents initiating or modifying these processes, and increase knowledge about their consequences for atherogenesis.

Investigators who may apply in this area are asked to do two things beyond the normal application procedure:

1. Use the STANDARD title: "Studies of Endothelium in Relation to Atherogenesis." Use the regular form PHS 398 and mail directly to the Division of Research Grants as instructed in the application kit.

2. Submit a brief LETTER OF INTENT saying that you have submitted or will submit such an application. The letter should be addressed to:

Atherogenesis Branch
National Heart, Lung, and Blood Institute
National Institutes of Health
Room 516, Federal Building
Bethesda, Maryland 20014

Questions about this announcement should be directed to the Atherogenesis Branch: telephone (301) 496-1978 or (301) 496-3272.

SUMMARY STATEMENTS AND PRIORITY SCORES

NOTICE

Recommendation #58 of the NIH Grants Peer Review Study Team (see Decisions by Director, NIH, on Recommendations of Grants Peer Review Study Team, February 8, 1978) states: "That, until such time as a single NIH-wide priority score notation system is adopted, all copies of Summary Statements which a given BID (Bureau, Institute, Division) sends to principal investigators should display either the raw priority score or the normalized priority score (if available) but not both, depending upon which of the two conventions the particular BID follows." The Director, NIH, concurred with this recommendation and further states: "whichever priority score (raw or normalized) is used by the Advisory Council/Board in making its decision on an application should be made available to the principal investigator."

ACCORDINGLY, FOLLOWING THE SEPTEMBER-OCTOBER 1978 COUNCIL/BOARD MEETINGS AND ROUTINELY THEREAFTER FOLLOWING EACH ROUND OF COUNCIL/BOARD MEETINGS, THE SUMMARY STATEMENT WITH PRIORITY SCORE DISPLAYED WILL BE SENT TO THE PRINCIPAL INVESTIGATOR. THIS PROCEDURE WILL NOT BE RETROACTIVE PRIOR TO THE SEPTEMBER-OCTOBER 1978 ROUND.

Accompanying each summary statement will be an attachment describing the procedure for arriving at the raw and normalized priority score and a brief comment concerning the factors entering into the funding decision.

The foregoing is an interim measure pending the findings of a committee which has been organized in accordance with recommendation #57 of the Grants Peer Review Study Team with which the Director, NIH, also concurred; namely: "That, before adopting a single priority score notation system for use by all BIDs, the NIH should conduct a study of BID practices regarding the use of the 'raw' and 'normalized' priority scores to determine whether the uniform NIH-wide convention should be the use of the raw score exclusively or the present normalized scores, whenever they are available (or otherwise the raw scores), or the development of a new procedure for computing, representing, and/or adjusting priority scores to compensate for differences in group rating behavior."

Upon review of the findings of the Committee the Director will determine the feasibility of implementing recommendation #56 which he has presently deferred, namely "That a 'single priority score' convention should be adopted for use throughout NIH."

This announcement is being made in order to notify principal investigators of the implementation of recommendation #58 in advance of the September-October 1978 Advisory Council/Board meetings. A summary progress report will be published in a later issue of the *Guide* indicating steps being taken toward implementing other recommendations of the GPRST.

A COURT DECISION ON RELEASABILITY OF GRANTEE DATA

NOTICE

A Federal appellate court has ruled that a group of physicians cannot use the Freedom of Information Act (FOIA) to force release of raw data that is in the hands of certain NIH grantees. The U.S. Court of Appeals for the District of Columbia, in a 2-1 split decision in the Forsham v. Califano case, thus affirmed a lower court decision.[1]

The physicians had sought raw data gathered under the University Group Diabetes Program (UGDP). Included in the requested material were forms that scientists had sent to a coordinating center at the University of Maryland, and computer tapes and programs used in analyzing the data. UGDP is a study funded by 13 NIH grants administered by the National Institute of Arthritis, Metabolism, and Digestive Diseases.

The court held that the raw data were not "agency records" and therefore were not subject to the FOIA. The judges in the majority emphasized the autonomy of the grantees and the absence of control by the government. They indicated they might have found differently had such control existed or if NIH had used the grants as a subterfuge to avoid the FOIA.

[1] Forsham v. Califano, No. 76-1308 (D.C. Cir., July 11, 1978). The lower court decision was known as Forsham v. Mathews, Civil Action No. 75-1308 (D.D.C., Feb. 5, 1976)

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

REQUEST FOR RESEARCH GRANT APPLICATIONS: RFA

CONTROL OF ARTHROPOD-BORNE VIRAL INFECTIONS

ANNOUNCEMENT

I. Introduction

The National Institute of Allergy and Infectious Diseases (NIAID) invites applications for program project grants to be initiated during FY 1980 for participation in an ongoing program on arthropod-borne viral (arboviral) diseases of man.

A program on control of arboviral diseases has been continuously supported for several years. In accordance with newly-established policy, proposals for multidisciplinary program projects can now be received only periodically and at designated times. Applications for renewal of existing program projects and creation of new ones will be treated as competitive for the periodically announced available awards.

Many arthropod-borne viruses (arboviruses) are internationally important pathogens of man. Existing in virtually all parts of the world where hemophagus arthropods abound, over 400 strains or serotypes are known; about 200 infect man. They are a continuing threat to all susceptibles in endemic areas, and sporadically cause epidemics when there is appropriate concordance of viral virulence and vector ecology.

Dengue is probably the most prevalent arboviral disease in the world today. Mostly limited to tropical and subtropical climates, it causes epidemics involving from a few thousand to hundreds of thousands of persons in a single season. Although seldom fatal in adults, children sometimes present hemorrhagic manifestations with shock that are often fatal, especially where trained medical attention is unavailable. Recurrent dengue epidemics are continuing to occur in Puerto Rico and other islands of the Caribbean. In the continental United States, St. Louis encephalitis is a serious threat periodically to the elderly in endemic areas under conditions where the mosquito vector is abundant. In 1975, the last epidemic year, approximately 1,800 cases of St. Louis encephalitis were reported in the U.S. A similar disease caused by a related virus (Rocio) occurred the same year in Sao Paulo, Brazil, resulting in over 300 cases of encephalitis with a 30% case fatality rate. Rift Valley Fever, an arboviral infection causing abortion in sheep and cattle and a self-limiting febrile disease in man, has recently caused an explosive epidemic and epizootic in Egypt where it was previously unknown. At least 20,000 persons suffered illness, and the abortion rate in sheep and cattle reached 70% during this outbreak. Thus, the economic loss was substantial in these developing areas. Similarly, Venezuelan equine encephalomyelitis virus constantly threatens populations in the northern part of South America and Central America, sometimes extending to the southern part of the United States. Jungle yellow fever still smolders in South America and Africa, and could spread into urban epidemics with

little warning. Numerous other arboviruses are responsible for serious illnesses in man and require further study for their prevention or control.

Control of arboviral diseases in endemic areas has been primarily limited to vaccination and/or vector control programs. On a global basis, vaccination has been effective only for yellow fever, but is feasible for several other arboviruses. There is no known effective antiviral therapy for arboviral infections. Treatment has been largely symptomatic and, consequently, little emphasis has been placed on rapid and specific diagnosis of arboviral diseases. The problem of diagnosis is magnified by the more than 200 serotypes of arboviruses that can infect man.

Transovarial transmission, vector competence, amplification of virus in the vector and over-wintering require further study as mechanisms responsible for perpetuating arboviruses in their ecological niches. Effective regional control may be realized through greater understanding of these vector-virus relationships.

Although very productive studies at the molecular level are being carried out on certain arboviruses, there is still a paucity of knowledge about the structure, composition, replication, virus-cell interaction, genetics and immunopathogenicity of many of the important arboviral pathogens of man. Additional efforts in these areas could spawn new approaches for effective prevention, diagnosis, or treatment of these diseases.

II. NIAID Plans

The National Institute of Allergy and Infectious Diseases has maintained an active program of both intramural and extramural research on arboviral diseases. NIAID plans to continue and (possibly) expand its extramural program on arboviruses. The goal is additional knowledge of the natural history, immunopathogenesis, and biology of arboviruses that could lead to better means of prevention, diagnosis, and treatment of the diseases they cause in man. Particular emphasis is given to those viruses that pose serious public health problems, including but not limited to: dengue, St. Louis encephalitis, Rocio encephalitis, California encephalitis, Japanese encephalitis, sandfly fever, VEE, tick-borne encephalitis, and Colorado tick fever.

III. Program Characteristics

The purpose of requesting program project grants is to maintain multidisciplinary capabilities and expertise that will serve as a national and international resource in research and training in arboviral diseases. It is anticipated that NIAID will support two program project grants, but awards are necessarily contingent upon the availability of funds. The program projects should have the following characteristics:

a. The program should be based at an academic or other nonprofit institution.

b. The program must be multidisciplinary, integrating or coordinating projects from different organizational sections, departments,or collaborating institutions under the strong leadership of a Program Director. The program project must consist of a number of subprojects, each with its own principal investigator, staff, and budget. Each subproject must be able to stand on its own scientific merits but, collectively, the benefits of the total program should exceed the sum of the benefits of the individual parts.

c. Postdoctoral training may be associated with the program for attracting new talent and for stimulating fresh approaches to problems.

IV. Research Interests

Studies which bridge clinical or epidemiologic investigations with basic laboratory research are encouraged. Research interests of NIAID include but are not limited to:

a. Biology of arboviruses, comparative virology, viral genetics; antigenic structure, cell-virus relationships.

b. Vector-virus relationships, vector competence; amplification in vectors, vector control, over-wintering mechanisms, transovarial transmission.

c. Immunopathogenesis, virulence, immunity and immune mechanisms, interference.

d. Diagnosis, Therapy, and Prevention, early detection of infection, antiviral therapy, vaccines.

e. Epidemiology, perpetuation of infectious virus in endemic areas, relationships of endemic to epidemic viral strains.

V. Review

All proposals will receive an initial peer review by the Microbiology and Infectious Diseases Advisory Committee, a chartered NIAID advisory committee. The review criteria will include the characteristics for program projects described above, the facilities and resources, the professional qualifications of the investigators and, especially, the scientific merits of the subprojects. All proposals must receive a final review by the National Advisory Allergy and Infectious Diseases Council.

VI. The NIAID information brochure on program project grants should be requested by prospective applicants prior to preparation of an application.

Applications should be submitted on form PHS 398 and include:

a. A table of contents;

b. A description of the integrated program, with rationale, justification of the budget, description of facilities, and biographical sketches of investigators;

c. Complete descriptions of each subproject, including separate budgets for the first year and total direct costs for following years;

d. Collaborative arrangements between departments or institutions, if applicable;

e. A consolidated first year budget for the total program project and requested support for future years.

The deadline for receipt of applications will be March 1, 1979.

Prior to formal submission it is suggested that NIAID staff be contacted, either by phone or by letter of intent, when development of a program project grant proposal is being considered. Inquiries should be directed to:

William P. Allen, Ph.D.
Virology Program Officer
Bacteriology and Virology Branch
MIDP, NIAID
National Institutes of Health
Room 736, Westwood Building
Bethesda, Maryland 20014

Telephone: (301) 496-7453

Proposals should be forwarded to:

Division of Research Grants
National Institutes of Health
Room 240, Westwood Building
Bethesda, Maryland 20014

The outside of the mailing package should be labeled: "RESPONSE TO RFA - CONTROL OF ARTHROPOD-BORNE VIRAL INFECTIONS." A covering letter must accompany the completed proposal indicating that the proposal is submitted in response to this RFA. A copy of the letter should be forwarded to the NIAID staff member shown above.

REQUEST FOR RESEARCH GRANT APPLICATIONS: RFA

PROGRAM PROJECT SUPPORT FOR THE IN VIVO STUDY OF CEREBRAL METABOLISM AND BIOCHEMISTRY UTILIZING POSITRON EMISSION TOMOGRAPHY (PET)

NATIONAL INSTITUTE OF NEUROLOGICAL AND COMMUNICATIVE DISORDERS AND STROKE

ANNOUNCEMENT

This is to announce the availability of program project grant support from the National Institute of Neurological and Communicative Disorders and Stroke (NINCDS) for the development and support of a program of clinical and basic neuroscience research utilizing positron emission tomography (PET) for the in vivo study of central nervous system metabolism and biochemistry in normal and pathological states. NINCDS program project grant applications for PET should be submitted to the Division of Research Grants, NIH, Bethesda, Maryland, by close of business December 1, 1978, for review by an initial review group and the NINCDS National Advisory Council at its meeting in May 1979.

Because the potential applicability of PET extends beyond neuroscience to other areas of biomedicine, the NINCDS is prepared to encourage collaboration in the development or use of PET facilities and services between its program project investigators and investigators sponsored by other NIH components. Those seeking funds for non-neuroscience research involving PET should submit regular research grant applications to the NIH using the standard application kit (form PHS 398) and in accordance with one of the standard deadlines (November 1, March 1, July 1). These applications will be assigned individually on the basis of other subject matter for consideration by the appropriate initial review group, National Advisory Council, and NIH awarding unit. The relationship between each of these proposed non-neuroscience studies involving PET and the ongoing or proposed activities of an NINCDS program project should be indicated clearly.

Until recently, the intact central nervous system, particularly the human nervous system has not been accessible for precise quantitative study. The technical inability to measure in vivo cerebral perfusion and metabolism has limited the ability of basic and clinical neuroscientists to study precisely either normal cerebral metabolic function or cerebral metabolic response to stress and injury. Animal models have been developed to simulate human "normal" and "abnormal" situtations, but severe limitations of the applicability of these models to the human metabolic or pathologic circumstance is a nagging question that has bothered all investigators. In addition, the presently available biochemical and physiological techniques used in both animal and human experiments are at best static descriptions of what is in fact a dynamic situation. Positron emission tomography (PET) offers an exciting possibility for an approach to the solution of these

problems. In many respects it offers for research on in vivo cerebral metabolism what the CT scanner has provided for study of in vivo cerebral anatomy. Through the use of short-lived isotopes (e.g. O^{15}, C^{11}, F^{18}, N^{13}) incorporated into metabolically active compounds (e.g. glucose, carbon monoxide, ammonia), a biologically safe method is available for the in vivo monitoring of flow, perfusion, and metabolism in the brains of humans and experimental animals. The results of such dynamic measurements for the understanding of both normal cerebral biochemistry and metabolism and the effects on neural tissue of hypoxia, anoxia, pharmaceuticals, trauma, etc., opens investigative parameters that to date have been only speculated upon and, when possible, have been generally restricted to experimental animal models.

The essential elements of a program project investigative effort utilizing PET are:

1. an established biomedical research group investigating a number of related but specific research questions about central nervous system function and pathology and with the technical skills necessary to utilize PET technology. This includes both the existence of an active research environment already engaged in basic and clinical research on the nervous system and close liaison with other research groups with strengths in radioisotope organic chemistry, mathematics, and other aspects of the neurosciences;

2. a group leader who is willing and capable of coordinating the activities of the unit and who has the necessary administrative support of his institution;

3. an isotope resource in close physical proximity to the biomedical research facility and available for the labelling of compounds as needed by the research team;

4. a radiochemistry laboratory;

5. an organic chemistry laboratory for the synthesis of isotope-labelled biologically active compounds;

6. a PET imaging facility.

Funds are available for the support of the biomedical research effort of the research team; to assist in the establishment or the modernization of a cyclotron facility and for its operation as appropriate to the needs of the neuroscience research effort; the modernization and operation of isotope and organic synthesis laboratories as appropriate to the needs of the neuroscience research effort; and the purchase or improvement of the necessary imaging equipment and its operation.

It is anticipated that up to 5 awards will be made in accordance with the scientific excellence of the neuroscience research program and institutional participation in the establishment and support of the research facility.

Program project application forms and instructions are available from the Positron Emission Tomography Program, NINCDS. When requesting an application form, potential applicants should submit a letter describing in broad outline the research resources required (e.g. personnel, facilities, etc.), the research questions to be addressed, the institutional administrative and fiscal arrangements being considered for support and operation of the research facility, and plans, if any, for making the resources of the facility available to other investigators both within neuroscience and in other areas of biomedicine in the same or other institutions.

Information about this program and requests for applications should be addressed to:

Positron Emission Tomography Program
NINCDS
Room 8A-13, Federal Building
7550 Wisconsin Avenue
Bethesda, Maryland 20014

Telephone: (301) 496-4226

NATIONAL INSTITUTE OF CHILD HEALTH AND

HUMAN DEVELOPMENT

REQUEST FOR RESEARCH GRANT APPLICATIONS: RFA

MAJOR RESEARCH PROGRAM GRANTS

ANNOUNCEMENT

INTRODUCTION The National Institute of Child Health and Human Development (NICHD), through the Center for Research for Mothers and Children (CRMC), invites program grant applications to develop new knowledge about diseases and disorders of pregnancy and infancy with the aim of reducing infant morbidity and mortality. Major Research Program grants (MRP) will be used to promote and support multidisciplinary research efforts in areas where (a) knowledge gaps are not being sufficiently addressed by ongoing research, or (b) there are needs to stimulate or intensify efforts in promising research areas. Research areas for Major Research Program grants have been and will continue to be identified by CRMC with the help of outside advisors.

Major Research Program grants will be supported through the customary NIH grant-in-aid, and management of applications will be governed by the policies for program grants. Applications will be reviewed by the Maternal and Child Health Research Committee, CRMC, NICHD, and the National Advisory Child Health and Human Development Council. An on-site visit will be a part of the initial review. Applications will be evaluated on a continuing basis in accordance with established review schedules for initial review groups and the National Advisory Child Health and Human Development Council. A health scientist administrator in the CRMC will advise a prospective MRP applicant on the relevance of proposed concepts to the needs of the CRMC and the feasibility of an outlined program before a formal application is submitted.

NOTE Major Research Program grants are for the support of hypothesis testing research efforts; they are not intended to support service, survey, or demonstration projects.

BACKGROUND A major goal of the Center for Research for Mothers and Children is the prevention of diseases and disorders during pregnancy and infancy. The complexities of the health problems that need to be addressed require a variety of integrated, multidiscliplinary approaches involving the behavioral and biomedical sciences in clinical and laboratory settings. Among the problems of concern are prematurity, failure to thrive, mental retardation, and the sudden infant death syndrome. Another example of a major problem is that of low birth weight infants. Such infants are major contributors to infant mortality and to subsequent biological and psychological problems in infancy and childhood in the United States. Each year nearly a quarter million infants are born too soon, or too small for their gestational age, or with an abnormality in development initiated prior to birth or shortly thereafter that causes immediate or delayed abnormality in structure or function. If all newborns were free of defects and were mature enough to cope during the first month of life, much of this Nation's infant mortality and morbidity could be eliminated.

Through these Major Research Programs (MRP) for Mothers and Infants, the Institute plans to undertake concerted biomedical and behavioral research efforts directed toward infant survival and well-being. The MRPs will be organized around problem/need themes, for example: complications of pregnancy, psychosocial aspects of pregnancy, embryonic and fetal growth and development, maternal-infant nutrition, intrauterine growth regardation, initiation of labor, prevention of premature birth, disorders of newborn infants, and the sudden infant death syndrome. The MRPs will be established where research would be coordinated with existing programs of health care to ensure the rapid assimilation of new scientific knowledge into health care delivery. Locating these MRPs throughout the United States will allow all areas to participate in the research and share in the increased awareness of the importance of the role of prevention in the achievement of good health for pregnant women and infants.

RESEARCH SCOPE Areas of interest include studies at several levels such as: biological organization (cell differentiation, cell interactions); population genetics; developmental defects in human organ systems; and behavioral dysfunctions and defects. Research concerns include but are not necessarily limited to the following:

1. Nutritional, developmental, and social behavioral factors that contribute to high risk conditions of infants including low birth weight and prematurity.

2. Diagnosis and prevention of biomedical and psychological sequelae of low birth weight in infancy and childhood.

3. Developmental and environmental conditions that contribute to the sudden infant death syndrome.

4. Research that will lead to new and innovative methods of treatment for infants born at risk of morbidity and mortality.

5. Normal and abnormal mechanisms that determine the onset of labor.

6. Studies elucidating the genetic, physiological, psychological, and environmental contributions to the normal processes in biology, and interfering factors and mechanisms leading to birth defects.

APPLICATION REQUIREMENTS

A. Eligibility Nonprofit organization and institutions, State and local governments and their agencies, and authorized Federal institutions.

B. Letter of Intent Prospective applicants for MRP grants must first submit a brief letter indicating interest and including an outline of the proposed research program.

Applicants desiring the earliest possible action on a definitive application (see section D. below) should submit a letter of intent by October 1, 1978, to:

Director
Center for Research for Mothers
and Children
National Institute of Child Health
and Human Development
Room 7C-03, Landow Building
Bethesda, Maryland 20014

Enclosed with the letter should be a succinct and informative outline of the proposed program.

A letter of intent is not binding. Its purpose is:

1. To assure that the prospective proposal falls within the scope of priorities defined by the CRMC as eligible for support under the MRP.

2. To avoid wasted effort by an applicant in preparing a definitive proposal inappropriate for support under the MRP.

3. To alert the CRMC of a potential application at an early stage of its development so that the CRMC can designate a Program Officer. The Program Officer will be a staff scientist assigned to work with the applicant with a view to developing the best and most appropriate request possible in order to meet the rather special requirements of the MRP.

C. The Application After the CRMC has determined that a prospective application lies in an appropriate area for MRP support, the applicant should prepare a definitive application on research grant application form PHS 398. The CRMC urges strongly that the application be developed in close cooperation with the Program Officer assigned by the CRMC.

Applications should be identified by typing in the words MAJOR RESEARCH PROGRAM GRANTS and the date of publication of the *NIH Guide for Grants and Contracts* containing the official announcement of the MRP Program. This information should be put on page 2 of the application at the top of the space provided for an abstract.

In addition, a brief covering letter should accompany the application indicating in the same way that it is in response to this RFA. A copy of the covering letter should be sent to the Director, Center for Research for Mothers and Children, at the address given in section B., page 3.

MRP awards will be made initially for a period of not less than three years and no more than five years with option for renewal. An important consideration in making a renewal award will be substantive evidence, in the form of a plan, that the MRP will serve as a nucleus for growth of research activities which will be supported from other sources, both private and public.

The proposal for each component project of the MRP and for core support must include sufficient information to permit their evaluation independently and as contributing parts of a research program. Any core activities or equipment or centralized laboratories (i.e., those shared by several or all investigators) must be described to show how they will support the proposed research. Facilities must be available for the primary needs of the MRP and require no more than modest alteration and/or renovation. Funds for new construction are not available.

D. Receipt Date Applications received on or before February 1, 1979, will be processed for review by the National Advisory Child Health and Human Development (NACHHD) Council in September-October 1979. Applications received after February 1, 1979, will be reviewed in order of receipt by the Council at its regularly scheduled meetings.

SPECIAL CONSIDERATIONS

A. Responsibility of the MRP Director The MRP Director must be a scientist who can provide strong, effective administrative and scientific leadership. The Director will be responsible for the organization and operations of the MRP and for communication with the NICHD on all scientific and operational matters.

B. Responsibilities of the CRMC The CRMC has a responsibility to maintain close and continuing contact with each MRP to assure that the program develops along lines compatible with the objectives of the original proposal and of the MRP. A Program Officer assigned to each MRP will afford whatever help or guidance is possible and appropriate in both scientific and administrative problems.

C. Responsibilities for Each MRP Active collaboration between scientists working in an MRP-supported program is considered a necessity for an effective MRP. Each MRP should submit a plan, as part of the application, to assure the interaction of MRP staff members, so that all will be be kept aware of progress and problems in achieving research objectives.

MRP awardees must operate within the workscope of the approved program, but they may pursue promising new leads through pilot studies. The initiation of such pilot studies must be approved by the Program Officer responsible for the MRP and his/her immediate superior.

METHOD AND CRITERIA FOR REVIEW

A. Upon receipt, applications will be reviewed by the Division of Research Grants and NICHD staff for responsiveness to this announcement. Applications judged responsive will be reviewed by the Maternal and Child Health Research Committee and the NACHHD Council. Those applications judged not responsive will be returned to the applicant organization in care of the Principal Investigator.

B. Review Criteria The factors to be considered in evaluating each MRP application are:

- The pertinence of the proposed program to the goal of this CRMC effort.
- The scientific merit of the research design, approaches, and methodology.
- The research experience and competence of the staff to carry out the proposed investigations.
- Adequacy of time (effort) to be devoted to the project by investigators and technical staff.
- The adequacy of the organizational arrangements for scientific direction.

FUNDING Although this program is included and provided for in the financial plans for fiscal year 1980, award of grants is contingent upon ultimate allocation of appropriated funds for this purpose.

NOTE For further information, potential applicants may write to:

Director
Center for Research for Mothers and Children
National Institute of Child Health
and Human Development
Room 7C-03, Landow Building
Bethesda, Maryland 20014

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