NIH GUIDE

For Grants and Contracts

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

VOL. 15, NO. 25 - NOVEMBER 14, 1986

NOTICE

NRSA INSTITUTIONAL TRAINING GRANT RECEIPT DATES

P.T. 44; K.W. 0720005, 1014002

National Institutions of Health

Most National Research Service Award (NRSA) institutional training grants from the National Institutes of Health (NIH) have a start date of July 1. Several institutes make funding decisions in January or earlier, in order to provide program directors with an adequate recruitment period. Because some institutes restrict receipt and review dates, applicants are strongly encouraged to contact appropriate institute staff before submitting an application. All contact points listed below are located at NIH in Bethesda, Maryland 20892 unless otherwise indicated.

INSTITUTE CONTACTS

National Cancer Institute

Dr. Barney Lepovetsky
Chief, Cancer Training Branch
Blair Building, Room 424
Telephone: (301) 427-8898

National Eye Institute

Ms. Carolyn E. Grimes
Chief, Grants Management Section
Extramural Services Branch
Building 31, Room 6A48
Telephone: (301) 496-5884

National Heart, Lung, and Blood Institute

Dr. Frances A. Pitlick
Director, Division of Extramural Affairs
Westwood Building, Room 7A17B
Telephone: (301) 496-7416

National Institute on Aging

Dr. Miriam Kelty
Associate Director for Extramural Affairs
Building 31, Room 5C05
Telephone: (301) 496-9322

National Institute of Allergy and Infectious Diseases

Dr. William Bennett
Chief, Research Manpower Development Staff
Westwood Building, Room 7A83
Telephone: (301) 496-5030

National Institute of Arthritis and Musculoskeletal and
and Skin Diseases

Dr. Richard Lymn
Director, Muscle Biology Research Program
Westwood Building, Room 403
Telephone: (301) 496-7495

National Institute of Diabetes and Digestive and Kidney Diseases

Dr. Walter Stolz
Director, Division of Extramural Activities
Westwood Building, Room 657
Telephone: (301) 496-7277

National Institute of Child Health and Human Development

Mr. Donald E. Clark
Chief, Office of Grants and Contracts
Landow Building, Room 6A21
Telephone: (301) 496-5001

National Institute of Environmental Health Sciences

Dr. Christopher O. Schonwalder
Program Director
Centers and Manpower Development Programs, Extramural Program
P.O. Box 12233
Research Triangle Park, North Carolina 27709
Telephone: (919) 541-7634

National Institute of Dental Research

Dr. Thomas M. Valega
Special Assistant for Manpower Development and Training
Westwood Building, Room 510
Telephone: (301) 496-6324

National Institute of General Medical Sciences

Dr. John Norvell
Research Training Officer
Westwood Building, Room 925
Telephone: (301) 496-7260

National Institute of Neurological and Communicative Disorders and Stroke

Ms. Kathryn L. Phillips
Grants Management Specialist, Extramural Activities Program
Federal Building, Room 1016
Telephone: (301) 496-4188

National Center for Nursing Research

Dr. Doris Bloch
Acting Director, Division of Extramural Programs
Building 38A, Room B2E17
Telephone: (301) 496-0526

Division of Research Resources

Dr. John E. Holman
Program Director, Animal Resource Program Branch
Laboratory Animal Sciences Program
Building 31, Room 5B59
Telephone: (301) 496-5175

DATED ANNOUNCEMENTS (RFPs AND RFAs AVAILABLE)

LIPOPROTEIN AND APOLIPOPROTEIN DETERMINATIONS FOR NHANES III SURVEY

RFP AVAILABLE: RFP-NIH-NHLBI-HV-87-01

P.T. 34; K.W. 0780000, 0750010, 0755010

National Heart, Lung, and Blood Institute

The National Heart, Lung, and Blood Institute (NHLBI), in cooperation with the National Center for Health Statistics (NCHS) in its planned National Health and Nutrition Examination Survey III (NHANES III), requires an organization to function as a "Central Lipid Laboratory" to coordinate blood sample collection and shipping from multiple NCHS field centers during the eighty-seven (87) month period from June 1987 to September 1994. Another major task will be to perform accurate and precise lipid analyses (total cholesterol and HDL cholesterol) and apolipoprotein analyses (apolipoproteins A-1 and B) on an estimated 36,450 blood samples including 1,450 samples during three field test/pilot studies and 35,000 samples during six years of the full survey, plus triglycerides and HDL-2 and HDL-3 cholesterol determinations on a 50% subsample of the survey population. Additional tasks necessary to accomplish this objective will include: (1) establishment of procedures for use by NCHS personnel in mobile examination center sites; (2) standardization and quality control, including participation in the Centers for Disease Control (CDC)-NHLBI Lipid Standardization Program; (3) preparation of a Central Lipid Laboratory manual of operations for the study; (4) provision of materials for blood collection and shipping; (5) storage of samples; (6) transmission of results from study specimens by computer data tape or floppy discs and by laboratory analysis sheets; and (7) participation in analysis and publication of lipid and apolipoprotein data. Interim, annual, and final technical progress reports will be required, as will protection of confidential data.

This is not a Request for Proposals (RFP). RFP NIH-NHLBI-HV-87-01 will be available on or about November 14, 1986, with proposals due on or about January 15, 1987. One (1) award is anticipated by the Government. Your written request should include three (3) labels, self-addressed with your mailing address, and must cite RFP NHLBI-HV-87-01.

Requests for copies of the RFP should be sent to the following address:

Kristee M. Ryman, Contract Specialist
HVD Contracts Section, Contracts Operations Branch, DEA
National Heart, Lung, and Blood Institute
Federal Building, Room 4C04
National Institutes of Health
Bethesda, Maryland 20892

COOPERATIVE AGREEMENTS FOR NATIONAL COLLABORATIVE CHEMOPREVENTION PROJECTS

RFA AVAILABLE: 87-CA-15

P.T. 34; K.W. 0715035, 0745055, 0710100

National Cancer Institute

Application Receipt Date: February 23, 1987

The Division of Cancer Etiology (DCE) of the National Cancer Institute (NCI) invites applications for cooperative agreements for NATIONAL COLLABORATIVE CHEMOPREVENTION PROJECTS (NCCP). The Projects are conceived as new approaches to cancer prevention in order to: acquire basic knowledge in significant biological systems for carcinogenesis/anticarcinogenesis; derive new insights into practical means for chemoprevention of the carcinogenic process; and rapidly translate these understandings into new chemopreventive entities with known ranges of efficacy and defined pharmacologic/toxicologic properties.

The present RFA announcement is for a single competition with a specified deadline of February 23, 1987 for receipt of applications.

BACKGROUND INFORMATION

The DCE has responsibility for support of basic research and development efforts in chemoprevention of cancer. As a program mechanism in addition to individual grants and contracts, the new Projects are envisioned as means to enhance and expand multidisciplinary/interdisciplinary basic studies in development of new chemopreventive entities and strategies for cancer prevention. Each NCCP would consist of a number of laboratory research programs representing diverse scientific disciplines and expertise. Scientists in a given Project could derive from any combination of the academic, non-profit, and for-profit communities. Scientists in an NCCP could also be drawn from a single organization possessing necessary diversity and in-depth expertise to accomplish Project objectives. Each Project is envisioned to consist of a Project Director, Program Leaders in several broad scientific disciplines and an NCI Coordinator. The Project Director has the responsibility for organizing the Project, assembling the multidisciplinary group of Program Leaders, preparing the cooperative agreement application and serving as Principal Investigator. This individual provides scientific and administrative leadership and, in addition, is expected to provide a laboratory program. A high degree of interaction and focus are expected in Project efforts.

Many classes of chemopreventive agents have been investigated in numerous biological systems, and of these, a significant number appear promising for substantial developmental efforts. These classes include, but are not limited to, protease inhibitors, antioxidants, micronutrients, calcium compounds, vitamin D, its metabolites and analogs, free radical scavengers and inhibitors of free radical producing sequences, factors modulating growth and/or maturation, including lymphokines, modulators of arachidonic acid metabolism, nucleophiles and potential new classes of inhibitors/ suppressors existing in natural products such as foods consumed by man, as exemplified by green and yellow vegetables. In-depth, coordinated studies are also needed on the influence of macroconstituents of the diet on carcinogenesis. Since there is already extensive activity in retinoids research and development, applications in this area will be considered non-responsive.

MECHANISM OF SUPPORT

Awards will be made as Cooperative Agreements. These are assistance relationships involving substantial involvement by NCI staff during performance of the Project. The nature of NCI staff participation is included in the RFA. However, the applying Project must define its objectives in accord with its own interests and perceptions of novel approaches to cancer prevention. The role of NCI staff will be to provide assistance, advice and guidance after an award is made. Final decision-making authority during performance will rest with the Project Director.

NCI anticipates the funding of multiple awards for project periods of five (5) years and has set aside $1,500,000 for the initial year's funding. The expected starting date for these awards is September 1, 1987. Although this program is provided for in the financial plans of the NCI, awards are contingent upon availability of funds for this purpose and the receipt of applications of high scientific merit.

INQUIRIES

The RFA is available from:

Carl E. Smith, Ph.D.
Program Director, Biological and Chemical Prevention
Chemical and Physical Carcinogenesis Program
Division of Cancer Etiology
National Cancer Institute
Landow Building, Room 9B-06
Bethesda, Maryland 20892
Telephone: (301) 496-4141

BIOMEDICAL RESEARCH SUPPORT SHARED INSTRUMENTATION GRANTS

Division of Research Resources

P.T. 36; K.W. 0735000, 0780000, 1014002

Application Receipt Date: February 17, 1987

BACKGROUND

The Division of Research Resources (DRR) is continuing its competitive Biomedical Research Support (BRS) Shared Instrumentation Grant Program initiated in Fiscal Year 1982. The program was established in recognition of the long-standing need in the biomedical research community to cope with rapid technological advances in instrumentation and the rapid rate of obsolescence of existing equipment. The objective of the program is to make available, to institutions with a high concentration of PHS-supported biomedical investigators, research instruments which can only be justified on a shared-use basis and for which meritorious research projects are described.

An eligible institution may submit more than one application for different instrumentation for the February 17, 1987 deadline. However, if multiple applications are submitted for similar instrumentation from one or more eligible components of an institution, then documentation from a high administrative official must be provided, stating that the multiple applications are a coordinated institutional resource plan, not an unintended duplication.

RESEARCH GOALS AND SCOPE

This program is designed to meet the special problem of acquisition and updating of expensive shared-use instruments which are not generally available through other PHS mechanisms, such as the regular research, program project and center grant programs, or the Biomedical Research Support (BRS) Grant Program. Proposals for the development of new instrumentation will not be considered.

ELIGIBILITY

The BRS Shared Instrumentation Grant Program is a subprogram of the BRS Grant Program of DRR. Awards are made under the authority of the BRS program and are made to institutions only, not to individuals. Therefore, eligibility is limited to institutions which receive a BRS grant award. Awards are contingent on the availability of funds.

MECHANISM OF SUPPORT

BRS Shared Instrumentation Grants provide support for expensive state-of-the-art instruments utilized in both basic and clinical research. Applications are limited to instruments that cost at least $100,000 per instrument or system. Types of instrumentation supported include, but are not limited to, nuclear magnetic resonance systems, electron microscopes, mass spectrometers, protein sequencer/amino acid analyzers and cell sorters. Support will not be provided for general purpose equipment or purely instructional equipment. Proposals for "stand alone" computer systems will only be considered if the instrument is solely dedicated to the research needs of a broad community of PHS-supported investigators.

Awards will be made for the direct costs of acquisition of new, or the updating of existing, research instruments. The institution must meet those costs (not covered in the normal purchase price) required to place the instrumentation in operational order as well as the maintenance, support personnel and service costs associated with maximum utilization of the instrument. There is no upper limit on the cost of the instrument, but the maximum award is $300,000. Grants will be awarded for a period of one year and are not renewable. Supplemental applications will not be accepted. The program does not provide indirect costs or support for construction or alterations and renovations. Cost sharing is not required. If the amount of funds requested does not cover the total cost of the instrument, an award will not be made unless the remainder of the funding is assured. Description of the proposed co-funding must be presented with the application. Assurance of co-funding, signed by an appropriate institutional official, must be presented to DRR prior to the issuance of an award.

A major user group of three or more investigators should be identified. Each major user must have PHS peer-reviewed research support at the time of the award. The application must show a clear need for the instrumentation by projects supported by multiple PHS research awards and demonstrate that these projects will require at least 75% of the total usage of the instrument. Major users can be individual researchers, or a group of investigators within the same department or from several departments at the applicant institution. PHS extramural awardees from other institutions may also be included.

If the major user group does not require total usage of the instrument, access to the instrument can be made available to other users upon the advice of the advisory committee. These users need not be PHS awardees but priority should be given to PHS supported scientists engaged in biomedical research.

A progress report will be required which describes the use of the instrument, listing all users, and indicating the value of the instrumentation to the research of the major users and to the institution as a whole.

ADMINISTRATIVE ARRANGEMENTS

Each applicant institution must propose a Principal Investigator who can assume administrative/scientific oversight responsibility for the instrumentation requested. An internal advisory committee to assist in this responsibility should also be utilized. The Principal Investigator and the advisory group are responsible for the development of guidelines for shared use of the instrument, for preparation of all reports required by the NIH, for relocation of the instrument within the grantee institution if the major user group is significantly altered and for continued support for the maximum utilization and maintenance of the instrument in the post award period.

A plan should be proposed for the day-to-day management of the instrument including designation of a qualified individual to supervise the operation of the instrument and to provide technical expertise to the users. Specific plans for sharing arrangements and for monitoring the use of the instrument should be described.

REVIEW PROCEDURES AND CRITERIA

Applications are reviewed by specially convened initial review groups of the Division of Research Grants (DRG) for scientific and technical merit and by the National Advisory Research Resources Council of the DRR for program considerations. Funding decisions are the responsibility of the DRR and will not be made prior to November 15, 1987.

Criteria for review of applications include the following:

- The extent to which an award for the specific instrument would meet the scientific needs and enhance the planned research endeavors of the major users by providing an instrument that is unavailable or to which availability is highly limited.

- o The availability and commitment of the appropriate technical expertise within the major user group or the institution for use of the instrumentation.

- o The adequacy of the organizational plan and the internal advisory committee for administration of the grant including sharing arrangements for use of the instrument.

- o The institution's commitment for continued support of the utilization and maintenance of the instrument.

- o The benefit of the proposed instrument to the overall research community it will serve.

METHOD OF APPLYING

Copies of a more detailed announcement are being mailed to Program Directors of BRS grants and to sponsored program offices at all institutions currently receiving BRS grants. Interested investigators should obtain the complete announcement prior to preparing an application.

Applications must be received by February 17, 1987. Applications received after this date will not be accepted for review in this competition. The original and four copies should be sent to:

Application Receipt Office
Division of Research Grants
National Institutes of Health
5333 Westbard Avenue
Bethesda, Maryland 20892

Inquiries and two copies of the application should be submitted to:

Biomedical Research Support Program
Division of Research Resources
National Institutes of Health
Building 31 - Room 5B23
9000 Rockville Pike
Bethesda, Maryland 20892
Telephone: (301) 496-6743

THE CONVERSION OF CHRONIC CORONARY ARTERY DISEASE TO ACUTE MYOCARDIAL INFARCTION: VASCULAR AND HEMATOLOGIC FACTORS

RFA AVAILABLE: 87-HL-07-H

87-HL-07-H

P.T. 34; K.W. 0715040, 0710030, 0785025, 0785070, 1002034, 0785165, 1002004, 1003002, 0710

National Heart, Lung, and Blood Institute

Application Receipt Date: March 17, 1987

The Cardiac Diseases Branch of the Division of Heart and Vascular Diseases, National Heart, Lung, and Blood Institute (NHLBI) announces the availability of a Request for Applications (RFA) on the above subject. Copies of the RFA are currently available from staff of the NHLBI.

This program will support multidisciplinary research on the role of vascular and hematologic factors in precipitating the conversion of chronic coronary artery disease to acute myocardial infarction. This special grant program is intended to encourage and support studies designed to elucidate the cellular and molecular events which lead to acute coronary ischemia and/or occlusion in patients with coronary artery disease. It is expected that the applications responding to this request will encompass a variety of approaches (morphological, physiological, and biochemical) and a variety of disciplines including cardiology, hematology, physiology, pathology, cell biology, biochemistry, and pharmacology. Awards in response to this announcement will be made to foreign institutions only for research of very unusual merit, need, and promise, and in accordance with Public Health Service policy governing such awards. Requests for copies of the RFA should be addressed to:

John L. Fakunding, Ph.D.
Division of Heart and Vascular Diseases
National Heart, Lung, and Blood Institute
Federal Building - Room 3C06
7550 Wisconsin Avenue
Bethesda, Maryland 20892
Telephone: (301) 496-1081

PREVENTIVE CARDIOLOGY ACADEMIC AWARD

P.T. 14, 34; K.W. 0785025, 0745055

National Heart, Lung, and Blood Institute

Application Receipt Date: April 1, 1987

The Division of Epidemiology and Clinical Applications (DECA) of the National Heart, Lung, and Blood Institute (NHLBI) has initiated the Preventive Cardiology Academic Award (PCAA) to provide a stimulus for the development of a preventive cardiology curriculum in those schools of medicine and osteopathy that do not have one and to strengthen and improve the preventive cardiology curriculum in those schools that do. Each school of medicine or osteopathy in the United States and its possessions or territories is eligible to compete for one award for a project period that does not exceed five years. The number of awards made each year will depend upon the merit of the applications received and availability of funds.

For the purposes of the PCAA, the term preventive cardiology is used to define the area of cardiovascular medicine having a special concern with the development of knowledge and the application of knowledge directed at the prevention of heart and vascular diseases. This includes the area of primary prevention of cardiovascular diseases in infants, children, and adults who are at risk of developing such diseases and the reduction of preventable complications or disability in persons who have already developed cardiovascular disease.

This award is intended to:

- encourage the development of a high-quality preventive cardiology curriculum in schools of medicine and osteopathy that will significantly increase the opportunities for students and house staff to learn both the principles and practice of preventive cardiology;
- develop promising faculty whose interest and training are in preventive cardiology teaching, research, and practice;
- develop established faculty who have a major commitment to and possess educational skills for teaching preventive cardiology;
- facilitate interchange of educational ideas and methods applicable to teaching preventive cardiology among awardees and institutions;
- develop at the grantee institution the ability to strengthen continuously the improved preventive cardiology curriculum, with local funds, subsequent to the award.

Requests for copies of the Preventive Cardiology Academic Award Program Guidelines should be directed to:

Associate Director
Clinical Applications and Prevention Program
Division of Epidemiology and Clinical Applications
National Heart, Lung, and Blood Institute
Federal Building, Room 6A-14
Bethesda, Maryland 20892-4300
Telephone: (301) 496-1706

This program of the NHLBI is identified in the Catalog of Federal Domestic Assistance No. 13.837. Awards will be made under the authority of the Public Health Service Act, Section 301 (42 USC 241) and administered under PHS grant policies and Federal Regulations, most specifically 42 CFR Part 52 and 45 CFR Part 74. This program is not subject to Health Systems Agency review.

PERIODONTAL DISEASES RESEARCH CENTERS

RFA AVAILABLE 86-DE-1

P.T. 34; K.W. 0785175, 0755030, 0745020, 0745055, 0710030

National Institute of Dental Research

Application Receipt Date: May 1, 1987

The National Institute of Dental Research (NIDR) invites applications for the support of categorical Periodontal Diseases Research Centers to conduct multidisciplinary, fundamental and clinical research on the etiology, diagnosis, pathogenesis, treatment and prevention of periodontal diseases.

BACKGROUND

The NIDR is currently supporting five periodontal research centers whose approved funding periods will end in the summer of 1988. The NIDR expects to continue this program of periodontal research centers at least 10 years beyond 1988. The present announcement establishes a new round of competition for the five year period of funding from 1988 to 1993. This competition will be open to all domestic institutions, including those proposing new periodontal research centers, as well as those with existing centers. It is anticipated that a new RFA will be issued subsequently for the period from 1993-1998.

RESEARCH GOALS AND SCOPE

One of the goals of the NIDR is to accelerate and expand the development of new information which may lead to the prevention and control of periodontal diseases. To achieve this goal and to provide greater focus for periodontal research, it is essential that the NIDR maintain a program of strong, multidisciplinary centers capable of pursuing promising leads in an integrated fashion, using modern molecular biology and other new technologies, as well as more traditional approaches. To provide adequate attention to all research areas believed to have significant potential, the NIDR seeks to develop a balanced overall program in which the protocols of the different centers are complementary rather than duplicative. Collaborative arrangements between centers will be encouraged. Even though the centers are expected to have a strong clinical orientation, substantial emphasis may be placed on laboratory and animal studies.

Subject areas which may be pursued include the following, which are presented in random order with no priorities implied. Center protocols may include one or more of the areas listed or others considered equal in importance.

- The development of objective tests to measure periodontal disease activity;
- Pathogenesis of periodontal diseases with emphasis on early stages;
- Microbial etiology, including identification of pathogens and their virulence factors;
- Saliva as an ecologic determinant in plaque formation and disease;
- Development and characterization of animal models;
- Genetic factors in the etiology of periodontal diseases;
- Regeneration of periodontal tissues;
- Treatment and prevention.

FUNDING MECHANISM

The administrative and funding mechanism will be the categorical research center award (P50). The award will support: a) research projects, b) administrative costs, c) core functions, and d) feasibility studies. Each center protocol is expected to include several related projects. First year budgets will be limited to $500,000 in direct costs. It is anticipated that the NIDR will make several Periodontal Diseases Research Center awards.

Requests for copies of the full RFA should be addressed to:

Dr. Anthony A. Rizzo
Chief, Periodontal & Soft Tissue Diseases
National Institute of Dental Research
National Institutes of Health
Westwood Building, Room 509
Bethesda, Maryland 20892
Telephone: (301) 496-7784

ONGOING PROGRAM ANNOUNCEMENTS

RESEARCH USES OF 24-HOUR AMBULATORY BP MONITORING

P.T. 34; K.W. 0715115, 0745020, 0740020, 0735015

National Heart, Lung, and Blood Institute

The National Heart, Lung, and Blood Institute (NHLBI) has a continuing interest in research relevant to the diagnosis, treatment and long-term management of hypertension. In June, 1985, the Division of Epidemiology and Clinical Applications (DECA) held a Workshop on 24-Hour Ambulatory Blood Pressure Monitoring (ABPM), which identified a number of research needs to fill gaps in our knowledge concerning appropriate uses of this promising technology and to refine the instrumentation and methods for data analysis.

The purpose of this Program Announcement is to encourage investigators to submit research grant applications involving the use of 24-Hour ABPM. Some of the areas where additional research is needed are listed below:

RESEARCH AREAS:

1 Characterization of the normal 24-hour ABPM profile using currently published methods and analyses in representative samples of normotensive individuals, including women and minorities; also determination of the optimal frequency and duration of ABPM for specified purposes.

2 Development and evaluation of innovative methods for data analysis in this field.

3 Determination of the effects of various antihypertensive drugs and dosage schedules on blood pressure over 24 hours or other periods of monitoring. Also to determine the effects of non-pharmacologic treatments on blood pressure.

4 To carry out additional prospective studies assessing prognostic value of various characteristics of the 24-hour ABPM profile in mild and borderline hypertensives and in individuals with high normal blood pressure. Also, additional investigations comparing the prognostic value of worksite and home blood pressure measurements with 24-Hour AMBP measurements are needed.

5 To study the effects of behavioral or occupational stressors on blood pressure using 24-hour ABPM with patient diaries. To develop improved diary keeping methods and automated processing of behavioral diary information. To determine the extent to which laboratory stressor response represents the individual's blood pressure response to life stressors.

6 Studies of the blood pressure and heart rate correlates of the onset of anginal pain; personality traits and behavioral factors could be included as co-variables.

7 To determine the impact on blood pressure of ingestion of alcohol or caffeine and of smoking, alone and in combination with each other and with behavioral/environmental stressors. Also, what is the effect on blood pressure of abstinence from these substances in habitual users?

APPLICATION SUBMISSION AND REVIEW

Application receipt dates for new applications are the regular application receipt dates of February 1, June 1, and October 1. The earliest possible award date is approximately nine months after the receipt date. Applicants should use the regular research grant application form PHS 398, which is available at most institutional business offices or from the Division of Research Grants (DRG), NIH.

Vol. 15, No. 25, November 14, 1986

NOTICE

DATED ANNOUNCEMENTS (RFPs AND RFAs AVAILABLE)

ONGOING PROGRAM ANNOUNCEMENTS

ERRATUM

To identify responses to this announcement, check "yes" and put "Research Uses of 24-hour Ambulatory BP Monitoring" under item 2 of page 1 of those grant applications relating to the topics identified herein. The completed application should be mailed to:

Division of Research Grants
National Institutes of Health
Westwood Building - Room 240
5333 Westbard Avenue
Bethesda, Maryland 20892

The DRG will assign applications for review according to the NIH process for regular research grant applications. Additional information may be obtained by contacting:

Gerald H. Payne, M.D., M.P.H.
Prevention and Demonstration Research Branch
Division of Epidemiology and Clinical Applications
National Heart, Lung, and Blood Institute
National Institutes of Health
Federal Building - Room 6C05
Bethesda, Maryland 20892
Telephone: (301) 496-2465

This program is described in the Catalog of Federal Domestic Assistance No. 13.837, Heart and Vascular Diseases Research. Awards will be made under the authority of the Public Health Service Act, Title III, Section 301 (Public Law 73-410, as amended; 42 USC 241) and administered under PHS grant policies and Federal Regulations 42 CFR Part 52 and 45 CFR Part 74. This program is not subject to the intergovernmental review requirements of Executive Order 12372, or to Health Systems Agency review.

ERRATUM

CHANGE IN RECEIPT DATE- RFA

MECHANISMS OF PREFERTILIZATION IMMUNOCONTRACEPTION 87-HD-02

P.T. 34; K.W. 0413002, 0710070

National Institute of Child Health and Human Development

The October 31 issue of the Guide included a notice of availability of a request for applications (RFA) on the above topic. Please note that the receipt date for applications in response to this RFA should be March 9, 1987, instead of January 20. Questions and requests for the complete RFA may be addressed to:

Michael E. McClure, Ph.D.
Reproductive Sciences Branch, Center for Population Research
Center for Population Research
National Institute of Child Health
and Human Development
Landow Building, Room 7C33
Bethesda, Maryland 20892
Telephone: (301) 496-6515

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