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.

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July 20, 1990

NOTICES

NOTICES OF AVAILABILITY (RFPs AND RFAs)

ERRATUM

NOTICES

RECEIPT DATES FOR AIDS COMPETING APPLICATIONS

P.T. 34; K.W. 0715008, 1014006

National Institutes of Health

In the March 11, 1988, NIH Guide for Grants and Contracts (Vol. 17, No. 9), the NIH announced the establishment of the dates of January 2, May 1, and September 1 as receipt dates (for May, October, and February Advisory Councils, respectively) for investigator-initiated Acquired Immune Deficiency Syndrome (AIDS) research grant applications. These receipt dates differ from those for other applications and have been established in order to accomplish the receipt-to-award process in an accelerated fashion, as mandated by law.

While that announcement also allowed for submission of AIDS-related applications on regular receipt dates, with the recent chartering of initial review groups specifically for the review of AIDS applications it is now necessary for all applicants submitting investigator-initiated AIDS-related applications to adhere strictly to the AIDS receipt dates.

It must be stressed that the above receipt dates are for competing continuation (Type 2) and supplemental (Type 3) applications, as well as for new (Type 1) applications. Thus, for example, while some current grantees may have had their last competing AIDS-related application peer reviewed by an initial review group other than one of the recently established AIDS review groups, all subsequent competing continuation applications must be submitted for the receipt dates listed above for review by these AIDS initial review groups.

AIDS-related applications include those which propose studies on the etiology, epidemiology, natural history, pathology, diagnosis, treatment or prevention of AIDS or the various sequellae specifically associated with the syndrome. Basic studies of the HIV virus, such as virology, molecular genetics, immunology, and in vivo or in vitro models of human HIV infection aimed at elucidating the mechanism of the AIDS infectious process are direcly applicable. Preparation and screening of anti-AIDS agents as well as vaccine development in both preclinical and clinical studies are included. Relevant studies of blood and blood products, neurological effects of HIV infection, behavioral research, and prevention of high-risk behaviors, and education projects are also acceptable. The final determination of AIDS relatedness is the responsibility of the Division of Research Grants (DRG), NIH. For further guidance, applicants are advised to contact the Referral Office, DRG, at (301) 496-7447.

NOTICES OF AVAILABILITY (RFPs AND RFAs)

SURVEILLANCE EPIDEMIOLOGY AND END RESULTS EXPANSION

RFP AVAILABLE: NCI-CN-05302-03

P.T. 34; K.W. 0785055, 0413001, 0715035, 0755018

National Cancer Institute

The National Cancer Institute, Division of Cancer Prevention and Control, is soliciting proposals for an Expansion of the Surveillance, Epidemiology and End Results (SEER) Program. The thrust of this proposed project is to: 1) obtain within the geographic area of coverage, data on all newly diagnosed cases of cancer beginning January 1, 1990 forward; 2) obtain cancer patient survival data on all cases diagnosed in 1990 forward; 3) monitor trends in the incidence of specific forms of cancer, particularly with respect to demographic and social characteristics of the population; and 4) assess the completeness and accuracy of all data collected. Offerors must provide documentation of authority to collect data for their identified coverage area and will be required to have a Hispanic population of at least 300,000 in their coverage area.

Requests for this solicitation must be in writing and reference RFP No. NCI-CN-05302-03. The RFP will be available approximately July 30, 1990, and will be due approximately September 13, 1990.

The National Cancer Institute expects to make one award from this solicitation.

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

Mrs. Shirley Kyle, Contracting Officer
National Institutes of Health
National Cancer Institute
Research Contracts Branch, PCCS
Executive Plaza South, Room 635
9000 Rockville Pike
Bethesda, MD 20892
Telephone: (301) 496-8603

SYNTHESIS OF CONGENERS AND PRODRUGS OF ANTI-AIDS COMPOUNDS

RFP AVAILABLE: NCI-CM-17513-28

P.T. 34; K.W. 1003006, 1003012, 0755025, 0715008

National Cancer Institute

The Drug Synthesis and Chemistry Branch (DS&CB), of the Developmental Therapeutics Program (DTP), Division of Cancer Treatment (DCT), National Cancer Institute (NCI), is seeking contractors with expertise in chemical synthesis and drug design, to synthesize a variety of compounds for evaluation as potential anti-AIDS agents. The assigned objectives of this project are to design and synthesize the following: (a) Congeners of lead compounds having confirmed activity, to enhance activity or potency; (b) Prodrugs with structural modifications that may provide altered pharmacokinetics, altered drug transport, improved bio-availability through increased water solubility, or increased chemical stability; (c) Other altered structures that possess elements of both congener and prodrug; and (d) Compounds related to natural products, e.g., alkaloids, heterocycles, nucleosides, peptides, etc. Each contractor should have available a fully operational facility, including all necessary equipment and instrumentation for all aspects of the contract. The nature of this project requires that the following restriction be applied: The NCI signs legally binding agreements with certain suppliers (often pharmaceutical or chemical companies) which state that all information on compounds submitted by the supplier will be held confidential. The successful offeror will be expected to synthetically modify such commercially confidential (discreet) materials. Thus, pharmaceutical or chemical companies could obtain valuable data on new lead compounds. Therefore, in order to honor the confidentiality agreement with the original supplier, the NCI believes that the compounds cannot be sent to potential competitors of the supplier, and thus pharmaceutical and chemical compounds must be excluded from the competition. For purposes of this restriction, a pharmaceutical or chemical company is defined as an organization which sells drugs and chemicals to the general public for profit.

This is a recompetition of contracts currently held by the University of Alabama, Georgia Tech Research Corp. (Georgia Inst. of Technology), Purdue Research Foundation, and the Research Foundation of State University of New York at Buffalo. It is anticipated that three cost-reimbursement contracts will be awarded for a period of three years beginning on or about May 30, 1991.

RFP No. NCI-CM-17513-28 was issued on July 16 and is available upon request to Carolyn Barker, Contract Specialist, and proposals will be due approximately nine weeks thereafter.

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

Ms. Carolyn E. Barker, Contract Specialist
National Institutes of Health
National Cancer Institute
Research Contracts Branch, TCS
Executive Plaza South, Room 603
9000 Rockville Pike
Bethesda, MD 20892
Telephone: (301) 496-8620

NATURAL PRODUCTS LEAD-BASED SYNTHESIS

RFP AVAILABLE: NCI-CM-17502-19

P.T. 34; K.W. 0750025, 1003006, 1003012, 0715008, 0715035

National Cancer Institute

The Drug Synthesis and Chemistry Branch of the Developmental Therapeutics Program, Division of Cancer Treatment (DCT), National Cancer Institute (NCI), is seeking contractors with established expertise in the field of enantio- and stereoselective synthesis of complex molecules to prepare natural products and their derivatives for evaluation as antitumor and AIDS antiviral agents. The NCI signs legally binding agreements with some suppliers (often pharmceutical or chemical companies) which state that all information on compounds donated by those suppliers will be held confidential. The successful offeror may be assigned a confidential compound as a synthesis or modification target. If the contractor were a chemical or pharmaceutical company they could gain valuable data on confidential new lead compounds. The NCI believes that in order to honor the confidentiality agreement with suppliers and in order to avoid any chance of transmitting privileged data to a competitor, pharmaceutical and chemical companies must be excluded from this competitive procurement.

RFP No. NCI-CM-17502 will be issued, upon written request to Zethering Gore, Contract Specialist, the week of July 16, 1990. Proposals will be due approximately seven weeks thereafter. The contract period is to be for three years, beginning approximately March 1991.

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

Ms. Zethering Gore, Contract Specialist
National Institute of Health
National Cancer Institute
Research Contracts Branch, TCS
Executive Plaza South, Room 603
9000 Rockville Pike
Bethesda, MD 20892

PROXY MEASURES FOR SERIOUS CHILDHOOD INJURIES

RFA AVAILABLE: HD-90-11

P.T. 34; K.W. 0715027, 0770005, 0413001, 0404000, 0775000

National Institute of Child Health and Human Development

Application Receipt Date: November 30, 1990

The Human Learning and Behavior Branch (HLB) of the Center for Research for Mothers and Children (CRMC), National Institute of Child Health and Human Development (NICHD), invites grant applications for research to develop measures which are proxy or substitutes for serious, potentially fatal, or handicapping injuries in children and youth. These measures are needed to develop and evaluate interventions for serious injuries without depending on the actual occurrence of these injuries. Such measures used in lieu of fatal or handicapping injuries are considered proxy measures for serious injuries.

In the United States, injuries are the leading cause of death and disability among children and young adults. They account for about half of all deaths in children under 15 years and almost 80 percent of deaths in the 15 to 24 age group. Clearly, injury is one of the most important challenges facing the health and scientific community in reducing mortality and suffering in childhood. However death and disability due to injury is still a relatively uncommon event. Studies aimed at development and evaluation of intervention strategies are complicated by the large samples required and dependence on tragic events as outcome measures. Therefore, measures are needed which predict the probability of serious injury more accurately than existing measures and can be used as dependent measures without depending on actual occurrence of these injures. Such measures must be observable and measurable. They may consist of sociodemographic, behavioral, physiological or even genetic variables or combinations of such variables. They could comprise a set of variables which describes the process for serious injuries as a model and as distinct from that for minor injuries. The relationship of the occurrence of serious injuries to minor injuries is a central issue for this research.

The major injuries experienced by children vary by age, location, and other factors. Therefore, no one measure or set of measures is likely to predict all injuries of children. However, this research must focus on at least one major type or cause of injury for at least one age group and should apply or generalize to more than one injury or age group.

It is anticipated that the development and validation of such measures may require the use of large populations or data bases with sufficient information regarding childhood injuries. However, development of proxy measures for serious injury would also require longitudinal follow-up and additional information than is currently available with cross-sectional samples. Linkages between existing data bases may prove useful.

The product of this research should be a measure or set of measures which would predict the probability of serious injury with greater accuracy than any other currently existing measure. The proxy measure(s) must also be sufficiently accurate so that with evaluation of interventions, changes in the measure will reflect changes in the actual rates of serious injury with sufficient power to be used for this purpose. Suggested examples of possible proxy measures for serious injury include: minor injuries (if strong correlation with serious injuries is demonstrated), safety or injury related behavior, or a set of demographic and/or other descriptive variables which highly predict the probability of injury.

This Request for Applications (RFA) is intended to be one component of a program of childhood injury research within NICHD and other Public Health Service agencies. The focus of this announcement is to develop measures which are proxy for serious injuries to children. Based upon understanding gained from this and other research, interventions can be developed and evaluated as part of future planned funding initiatives.

The PHS urges applicants for grants to give added attention (where feasible and appropriate) to the inclusion of minorities and females in study populations for research in the behavioral and social sciences. If minorities and females are not included in a given study, a clear rationale for their exclusion should be provided. Investigators are reminded that merely including arbitrary numbers of minority group and females participants in a given study is insufficient to guarantee generalization of results.

Applications should be submitted on Form PHS-398 (rev. 10/88), which is available in the business or grants and contracts office at most academic and research institutions or from the Division of Research Grants, NIH. Applications prepared in response to this RFA should be received by November 30, 1990. The RFA label available in the 10/88 revision of Application Form 398 must be affixed to the bottom of the face page. Failure to use this label could result in delayed processing of the application, such that it may not reach the review committee in time for review.

It is anticipated that two awards will be made as a result of this announcement through the grant-in-aid (R01) mechanism used by the NICHD. For a copy of the detailed RFA fully describing the specific areas of research sought, contact the following:

Peter C. Scheidt. M.D., M.P.H.
Human Learning and Behavior Branch
National Institute of Child Health and Human Development
Room 633, EPN
9000 Rockville Pike
Bethesda, MD 20892
Telephone: (301) 496-6591

ERRATUM

UPDATE ON THE NIH POLICY REGARDING PROGRAM PROJECT, AND OTHER COMPLEX MULTIFACETED, UNSOLICITED GRANT APPLICATIONS

P.T. 34; K.W. 0710030, 1014006

National Institutes of Health

This announcement as published in the NIH Guide for Grants and Contracts on June 11, 1990, Vol. 19, No. 23, contained an incorrect address for Dr. Judith Vaitukaitis of the National Center for Research Resources. The following is the correct address:

National Center for Research Resources
5333 Westbard Avenue
Westwood Building, Room 8A16
Bethesda, MD 20892
Att: Dr. Judith Vaitukaitis
Telephone: (301) 496-6023

*U.S.GOVERNMENT PRINTING OFFICE:1990-261-138:20007