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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NOTICES

FIRST AWARD--LENGTH OF SUPPORT

P.T. 34; K.W. 1014002, 0710030

National Institutes of Health

While awards may be made for lesser periods, the First Independent Research Support and Transition (FIRST) award is intended to be generally for five years of support. Commencing with the February 2, 1987 receipt date FIRST applications submitted to the National Institutes of Health in which the Principal Investigator requests less than five years of support will not be further processed by the Referral Office of the Division of Research Grants (DRG) until the applicant investigator is contacted and adds the remaining years of support including the research plan, requests that the proposal be designated an R01 or withdraws the application.

NIH REGIONAL WORKSHOP - HUMANE CARE AND USE OF LABORATORY ANIMALS

P.T. 42; K.W. 0201011, 1014003

National Institutes of Health

The National Institutes of Health, (NIH), Office for Protection from Research Risks (OPRR) is continuing to sponsor a series of workshops on implementing the revised Public Health Service Policy on the Humane Care and Use of Laboratory Animals and the NIH Guide for the Care and Use of Laboratory Animals. The workshops are open to institutional administrators, members of animal care committees, laboratory animal veterinarians, investigators and other institutional staff who have responsibility for high-quality management of sound institutional animal care and use programs.

The next workshop will be held on December 2-3, 1986. For information contact:

Ms. Sheila Nimmons
Deputy Director Medical Center
Sponsored Programs
Georgetown University
3900 Reservoir Road
Washington, DC 20007
Telephone: (202) 625-7143

Additional workshops will be announced later. For further information regarding education programs contact:

Roberta H. Garfinkle
Director, Animal Education Program
Office for Protection from Research Risks
National Institutes of Health
9000 Rockville Pike
Bethesda, Maryland 20892

DATED ANNOUNCEMENTS (RFPs AND RFAs AVAILABLE)

STUDIES ON ENTAMOEBA HISTOLYTICA

RFP AVAILABLE: RFP-NIH-NIAID-IRP-87-7

P.T. 34; K.W. 0780015, 1002050, 1002027

National Institute of Allergy and Infectious Diseases

The Laboratory of Parasitic Diseases (LPD) is soliciting proposals from organizations having the capabilities and facilities to perform studies on in-vitro cultivation and pathogenesis of Entamoeba histolytica. This will require the expertise to perform ether-alcohol extractions, maintain tissue culture cells, investigate the respiratory metabolism of E. histolytica, and clone these organisms as well as certain enteric bacteria. Transportation of amebae from original isolates must be carried out in a short period of time for maximum recovery of organisms. One freeze-thaw cycle can destroy 90% of the viable amebae. A 30-minute transit time with specimens on ice to the NIH campus is required in order to insure a minimally acceptable yield on reculture.

The NIAID sponsored project will take approximately three years to complete. This will be a cost reimbursement contract.

This is an announcement for an anticipated Request for Proposal (RFP). RFP-NIH-NIAID-IRP-87-7 will be issued on or about October 24, 1986, with a closing date tentatively set for December 12, 1986.

Requests for the RFP should be directed in writing to:

Rosemary McCabe
Contracting Officer
Contract Management Branch, NIAID, NIH
Westwood Building, Room 707
5333 Westbard Avenue
Bethesda, Maryland 20892

Telephone inquiries will not be honored. All responsible sources may submit a proposal which will be considered. This advertisement does not commit the Government to award a contract.

DEVELOPMENT OF AN AUTOMATED FEEDBACK CONTROL SYSTEM FOR ADMINISTRATION OF PRESSOR AGENTS IN TREATMENT OF ORTHOSTATIC HYPOTENSION

RFP AVAILABLE: RFP-NIH-NINCDS-86-12

P.T. 34; K.W. 0735015, 0706040, 1002034

National Institute of Neurological and Communicative Disorders and Stroke

The National Institute of Neurological and Communicative Disorders and Stroke has a requirement for development of a device that emulates the control of blood pressure achieved by the sympathetic portion of the baroreflex arc.

Offerors must have experience and demonstrated proficiency in at least one of the following areas: (1) pharmacological control of blood pressure, (2) the design of closed loop feedback controlled infusion management systems, or (3) vital signs monitoring.

To receive a copy of the RFP, please supply this office with two self-addressed mailing labels. All responsible sources may submit a proposal which will be considered by the agency. Requests for copies of the RFP will be honored if received within 20 calendar days after the scheduled issue date of the RFP. Requests received after this period will be filled on a first-come, first-served basis until the supply is exhausted.

RFP NIH-NINCDS-86-12 will be issued on or about October 20, 1986 with responses due 45 days thereafter. Please send your requests to the following address:

Contracting Officer
National Institute of Neurological and Communicative
Disorders and Stroke, NIH
Federal Building, Room 901
7550 Wisconsin Avenue
Bethesda, Maryland 20892

This acquisition is totally set-aside for small business.

SHELF LIFE EVALUATION OF CLINICAL DRUGS

RFP AVAILABLE: NCI-CM-73712-22

P.T. 34; K.W. 0710130, 0740025

National Cancer Institute

The National Cancer Institute, National Institutes of Health, will issue RFP NCI-CM-73712-22 on or about October 20, 1986 and proposals will be due approximately six weeks thereafter. The contract period is to be five years, beginning approximately August 16, 1987. The current contract is a cost-sharing contract with the University of Georgia, Athens, Georgia. The Pharmaceutical Resources Branch (PRB), Developmental Therapeutics Program, Division of Cancer Treatment, National Cancer Institute, is seeking a contractor to properly store, adequately evaluate shelf life samples of investigational clinical drug formulations (including both

injectable and oral dosage forms), and report the results to PRB. Shelf life samples shall be stored at four temperature levels: frozen, refrigeration, room temperature, and elevated temperature. Evaluations shall be performed at the following intervals: 0, 3, 6, 9, 12, 18, 24, 36, 48, and 60 months.

In addition, storage and inspection of reserve samples, as defined by the FDA Current Good Manufacturing Practices, shall be performed at the 24- and 60-month intervals to validate label stability claims.

Currently, there are about 115 lots encompassing 45 different chemical entities undergoing shelf life evaluation. The contractor shall validate each of the analytical methods prior to use. In addition, it is expected that about 36 to 40 additional lots (including 10 to 12 lots requiring analytical method validation) will be added during this year, and each subsequent year of contract operation. The contractor shall insure that no scheduled time points are delayed or missed. There are about 250 lots of reserve samples presently stored. About 50 to 60 new lots of reserve samples are expected during this year, and each subsequent year of contract operation. The contractor shall insure that no scheduled time points are delayed or missed.

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

Elizabeth Clark Moore
Contract Specialist,
Treatment Contracts Section,
Research Contracts Branch
National Cancer Institute,
Blair Building, Room 228
Bethesda, Maryland 20892

SYNTHESIS OF RADIOSENSITIZING AGENTS

RFP AVAILABLE: NCI-CM-3708-17

P.T. 34; K.W. 0710080, 1003012, 1003008, 1002002

National Cancer Institute

The National Cancer Institute, National Institutes of Health, requires organizations having capability of designing, synthesizing and characterizing new and novel non-nitro radiosensitizers. The project also requires designated in vitro data on synthesized compounds and data regarding the in vivo efficacy of designated radiosensitizers.

A three-year period of performance is projected for this project. The offeror must be accredited or equivalent and be capable of maintaining a conventional rodent colony of at least 200 mice. The offeror must also have radiation capability suitable for irradiating mice and cell cultures. Physical, chemical, analytical, polargraphic or pulse radiolysis capability to measure electron affinities and determine physio-chemical parameters of chemicals that would be synthesized is also required.

This synopsis is not a request for proposals. It is anticipated that RFP NCI-CM-73708-17 for the above described work will be available on or about October 27, 1986, with a due date for receipt of proposals on December 8, 1986. A copy of the RFP may be obtained by sending a written request to:

Elaine Larison, Contract Specialist
Treatment Contracts Section
Research Contracts Branch
Blair Building, Room 228
Bethesda, Maryland 20892

All responsible sources may submit a proposal which shall be considered by NIH. This project is a recompetition of the work being done under Contract No. N01-CM-47611 by SRI International, Menlo Park, California.

IMPROVED INSTRUMENTATION FOR THE DIAGNOSIS OF VENOUS THROMBOSIS

RFA AVAILABLE: 87-HL-01

P.T. 34; K.W. 0706030, 0715040, 0735015

National Heart, Lung, and Blood Institute

Application Receipt Date: February 16, 1987

The Division of Blood Diseases and Resources, National Heart, Lung, and Blood Institute, invites grant applications for a single competition for support of research, development, and evaluation of new or improved instrumentation for the diagnosis of venous thrombosis.

The main purpose of this special grant program is to encourage and facilitate research on new or improved instrumentation to diagnose the presence, and assess the extent of deep venous thrombosis in humans using methods equal to or more accurate, but less invasive than venography. As part of its capability, the instrumentation must be able to detect and quantitate venous obstructions, determine the rate of blood flow in peripheral veins, and estimate the age of a thrombotic lesion. The development of new techniques to predict the occurrence of venous thrombosis is also a desirable objective of this solicitation. Specialized applications to the venous system of instrumentation having diagnostic utility in coronary artery disease is encouraged. Awards in connection with 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.

A copy of the full Request for Applications announcement may be obtained from:

Diane L. Lucas, Ph.D.
Division of Blood Diseases and Resources
National Heart, Lung, and Blood Institute
National Institutes of Health
Federal Building, Room 5A12
Bethesda, Maryland 20892
Telephone: (301) 496-5911

ONGOING PROGRAM ANNOUNCEMENTS

RESEARCH GRANTS IN DIABETIC NEUROPATHY

P.T. 34; K.W. 0715075, 0785110, 0785035, 0755020, 0755030

National Institute of Neurological and Communicative Disorders and Stroke
National Institute of Diabetes, and Digestive and Kidney Diseases

The Convulsive, Developmental, and Neuromuscular Disorders Program of the National Institute of Neurological and Communicative Disorders and Stroke (NINCDS) and the Diabetes Research Program of the National Institute of Diabetes, and Digestive and Kidney Diseases (NIDDK) encourage the submission of research grant applications (R01) and program project applications (P01) related to the neurological complications of diabetes.

BACKGROUND

Diabetes is a major cause of peripheral and autonomic nervous system disorders, and diabetic neuropathy is the most common type of peripheral neuropathy seen by physicians in this country. Nearly 70% of diabetic patients have some degree of peripheral nerve disorder. In 25% of the patients the symptoms, including pain, numbness, weakness, or paralysis of the extremities, are serious enough to interfere with daily activities. After several decades of research, the pathological mechanisms leading to diabetic neuropathy are unknown. Hyperglycemia and its resulting biochemical abnormalities may affect peripheral nerves directly. Or the effect may be indirect, through an intermediate tissue alteration such as capillary dysfunction and ischemia. It is likely that the pathogenesis of diabetic neuropathy cannot be explained by a single mechanism, and research in broadly divergent areas is encouraged.

RESEARCH GOALS AND SCOPE

The goals of this program are the attainment of knowledge of the cause of diabetic neuropathy and its eventual treatment. The research program will include both basic and clinical research. Basic studies may use either experimentally induced diabetic animal models or human tissues. Examples are given below, but applications are not limited to these areas. Proposals with new ideas and initiatives would be welcomed.

Studies of the neuropathology of axons have shown some characteristic changes associated with impaired functioning. An apparent shrinkage may be either maturational or dystrophic. Glycogen has been shown to accumulate abnormally within axonal mitochondria.

Demyelination may be characteristic of diabetic neuropathy. Possible mechanisms include biochemical abnormalities in sorbitol or lipid metabolism. Because Schwann cells are responsible for the synthesis and maintenance of myelin, these cells have been the focus of several studies. Demyelination may not, however, be a primary event but occur as a consequence of axonal injury. Further studies of the role of myelin are also encouraged.

Another hypothesis suggests that damage to nerves is the result of vascular changes. Closure of nerve capillaries is more frequent in diabetic patients than in controls, and the percentage of closed capillaries correlates with abnormalities in nerve conduction. Animal studies in which oxygen deprivation was associated with decreased nerve conduction are consistent with this hypothesis.

Research has been conducted into impaired axonal transport and its association with diabetic neuropathy. It has been suggested that impaired anterograde transport may be responsible for the axonal degeneration seen in patients with diabetic neuropathy. Additional research in this area is needed.

Recent studies have demonstrated that hyperglycemia is associated with three distinct abnormalities in peripheral nerves: A decrease in the level of inositol, increased levels of sorbitol, and increased binding of glucose to proteins. These alterations in metabolism may be the biochemical link between hyperglycemia and nerve function and may provide the basis for the development of a rational treatment for diabetic neuropathies.

Clinical research might include additional evaluation of the effects of tight glucose control on neuropathic symptoms and the development and clinical trial of new modes of treatment.

MECHANISM OF SUPPORT

Support for this program will be through the traditional research grant-in-aid, either individual research projects (R01) or program projects (P01). Potential program project applicants should contact one of the institute representatives listed below as early as possible in the planning stages to receive detailed written guidelines for preparing P01 applications. Successful applicants will direct and carry out the individual research projects.

APPLICATION AND REVIEW PROCEDURES

Applications should be prepared on Form PHS 398 according to instructions contained in the application kit. Application kits are available from most institutional business offices, or may be obtained from the Division of Research Grants (DRG) at the address given below. Check "yes" in item 2 on the face sheet of the application and type "Grants in Diabetic Neuropathy" in the space provided.

The original and six copies of the application should be mailed to the following address:

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

Deadline dates for the receipt of applications are February 1, June 1, and October 1. Applications will be assigned for review according to the usual NIH peer review procedures. Secondary review will be by the appropriate National Advisory Council.

For further information and copies of the NINCDS Guidelines for Program Project Applications, applicants may contact:

Paul L. Nichols, Ph.D.
Developmental Neurology Branch
Convulsive, Developmental, and Neuromuscular Disorders Program
National Institute of Neurological and Communicative
Disorders and Stroke
National Institutes of Health
Federal Building, Room 814
Bethesda, MD 20892
Telephone: (301) 496-5821

For further information and copies of the NIDDK Guidelines for Program Project Applications, applicants may contact:

Julia B. Freeman, Ph.D.
Diabetes Program Branch
Diabetes Research Program
National Institute of Diabetes, and Digestive and Kidney Diseases
National Institutes of Health
Westwood Building, Room 626
Bethesda, MD 20892
Telephone: (301) 496-7731

RESEARCH GRANTS RELATED TO TUBEROUS SCLEROSIS

P.T. 34; K.W. 0705055, 0785165, 1002019, 1002053, 1002017, 1003002, 0745020

National Institute of Neurological and Communicative
Disorders and Stroke

The Developmental Neurology Branch, Convulsive, Developmental and Neuromuscular Disorders Program, National Institute of Neurological and Communicative Disorders and Stroke (NINCDS) encourages the submission of traditional research project grant applications (R01) related to the etiology, developmental embryology, pathogenesis, genetics and prevention of tuberous sclerosis.

BACKGROUND

Tuberous sclerosis is one of the phakomatoses, a group of hereditary developmental diseases which involve the ectodermal, mesodermal and endodermal germinal layers. The incidence of tuberous sclerosis is 3 to 4 per 100,000 births. It is inherited in autosomal dominant fashion, but irregularities in transmission and the high proportion of sporadic cases make genetic counseling and proper management of patients and their families difficult.

Tuberous sclerosis is usually described as manifesting the classical triad of mental retardation, epilepsy and adenoma sebaceum, but the brunt of destructive lesions is borne by the central and peripheral nervous systems, and include tumors, angiomatous changes, califications, and other changes. These usually appear in childhood and may result in nervous system degeneration, mental retardation, ataxia, seizures, psychiatric disorders, blindness and deafness. However, both the degree of manifestation and the age of onset of symptoms are quite variable. The etiology is unknown and there is no effective therapy.

RESEARCH GOALS AND SCOPE

The goal of this program announcement is to obtain information about the basic mechanisms of tuberous sclerosis, and to develop approaches for the early diagnosis, prevention, and treatment of the disease.

The research scope of this program encompasses the developmental, genetic and biochemical aspects of tuberous sclerosis, and a variety of experimental approaches and methods. Some examples are given below, but applications are not limited to them, and proposals with new ideas and initiatives would be welcome.

1 Subjects

These may include experimental animals and/or human subjects. Animal mutants in particular could greatly facilitate research and provide direct and crucial information about the etiology, developmental embryology. pathogenesis, and genetics of tuberous sclerosis pathogenesis, and genetics of tuberous sclerosis.

2 Developmental embryology

Efforts in this area should be directed towards the discovery of animal models exactly comparable to the human disease. Such models should make possible detection of early biochemical changes, characterization of the chemical pathology, and investigation of the developmental pathways by which a single gene mutation causes multiple tumor formation and the constellation of multisystemic dysgenetic features of this protean disease. multisystemic dysgenetic features of this protean disease.

3 Biochemistry

Studies in this area should extend the modest beginnings that have been made in biochemistry of tuberous sclerosis as well as explore new possibilities. For example, an increase in hydroxyproline content has been kidney, pancreas, heart and lung tumors that might reflect a disturbance in collagen metabolism. Biochemical studies should be pursued at the cellular and molecular level with the currently available precise and techniques of immunochemistry and membrane microchemistry, tissue culture and the high-resolution methodology of rapid flow microfluorimetry and two-dimensional electrophoresis.

4 Genetics

Tuberous sclerosis is inherited as an autosomal dominant trait but further genetic studies, using modern, precise and sophisticated methods, are needed to determine if the variability of clinical manifestations is due to genetic heterogeneity, to assess the nature and significance of the sporadic cases, to identify the chromosomal and spatial relationship of the gene or genes for tuberous sclerosis, and to derive precise figures for genetic counseling.

5 Early detection

Identification of a biochemical marker should make possible early detection of the disease and thus lead to better management of sporadic cases. Assessment of the efficacy of computerized scanning procedures and neuroimaging techniques for early detection and recognition of formes frustes would be highly desirable.

MECHANISM OF SUPPORT

Support for this program will be through the traditional research grant-in-aid. Successful applicants will direct and carry out the individual research projects.

APPLICATION AND REVIEW PROCEDURES

Applications should be prepared on Form PHS 398 according to instructions contained in the application kit. Application kits are available from most institutional business offices, or may be obtained from the Division of Research Grants (DRG), at the address given below. Check "Yes" in item 2 on the face sheet of the application and type "Grants related to tuberous sclerosis" in the space provided.

The original and six copies of the application should be mailed to the following address:

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

Deadline dates for the receipt of individual research grant (R01) applications are October 1, February 1, and June 1.

For further information applicants may contact:

Dr. Ntinos C. Myrianthopoulos
National Institute of Neurological and
Communicative Disorders and Stroke
National Institutes of Health
Federal Building, Room 8C04
Bethesda, Maryland 20892
Telephone: (301) 496-5821

RESEARCH GRANTS RELATED TO BATTEN DISEASE AND OTHER NEURONAL CEROID LIPOFUSCINOSES

P.T. 34; K.W. 0705055, 0785165, 1002019, 0710060, 0745020, 0755020

National Institute of Neurological and Communicative Disorders and Stroke

The Developmental Neurology Branch, Convulsive, Developmental and Neuromuscular Disorders Program, National Institute of Neurological and Communicative Disorders and Stroke (NINCDS) encourages the submission of traditional research project grant applications (R01) related to the etiology, developmental embryology, pathogenesis, genetics and prevention of the ceroid lipofuscinoses, particularly the juvenile type known as Batten disease or Spielmeyer-Sjogren disease.

BACKGROUND

The ceroid lipofuscinoses are a group of hereditary degenerative diseases in which an autofluorescent lipopigment, ceroid, accumulates in the central nervous system and other tissue. Clinically they are characterized by a progressive encephalopathy, loss of vision, seizures, and a downhill course. There are three childhood types of ceroid lipofuscinosis and one, possibly two, adult types. Although in general these types are clinically distinct, combined and transitional forms occur. The ceroid lipofuscinoses are inherited in autosomal recessive fashion with the exception of one rare adult type which shows autosomal dominant transmission.

The juvenile type, or Batten disease, exemplifies the devastating effects that these disorders have on affected individuals and their families. Onset is between 5 and 10 years usually with visual failure and seizures, and the course is that of a slowly progressive encephalopathy leading to death in 8 to 10 years. Pathologically the brain shows moderate atrophy. There is massive accumulation of ceroid in neurons and macrophages, in the ganglionic layer of the retina, and in other tissues. The etiology of Batten disease is unknown; its incidence is about 3 per 100,000 births. There is no effective therapy.

RESEARCH GOALS AND SCOPE.

The goal of this program announcement is to encourage research to delineate clinical and genetic types of the ceroid lipofuscinoses, to identify and localize the gene(s) responsible for them, to determine the biochemical defects that result from the action of these genes, and to develop measures for the prevention, early diagnosis and treatment of these disorders.

The research scope of this program encompasses the developmental, genetic and biochemical aspects of the ceroid lipofuscinoses, particularly the juvenile type or Batten disease, and a variety of experimental approaches and methods. Some examples are given below, but applications are not limited to them, and proposals with new ideas and initiatives would be welcome.

1 Subjects

These may include experimental animals and human subjects. Animal mutants in particular could greatly facilitate research and provide direct and crucial information about the etiology, developmental embryology, pathogenesis and genetics of the ceroid lipofuscinoses. Animal models exactly comparable to the human disease should also make possible the determination of the basic metabolic defect, detection of early biochemical changes, characterization of the chemical pathology and recognition of the heterozygous carriers.

2 Pathology

Precise characterization of the pathological changes is highly desirable. Examination by computerized scanning procedures and neuroimaging techniques may be useful in identifying early intracranial changes.

3 Biochemistry

Very little is known about the biochemistry of the ceroid lipofuscinoses in general and Batten disease in particular. It is not known if the presence of lipofuscin, which is normally found in the brain of older individuals, is a causal or associated defect. A disturbance of dolichol metabolism has been reported in patients with Batten disease, but its relation to the presence of lipofuscin or to the disease itself is not clear. Biochemical studies should be pursued at the cellular and molecular level with state-of-the-art precise and sensitive techniques of immunochemistry and membrane microchemistry, tissue culture, and the high resolution methodology of rapid flow microfluorimetry and two-dimensional electrophoresis.

4 Genetics

Classical genetic studies have not resolved whether or not the conventional clinical classification, based mainly on age of onset, represents different forms of the same genetic disorder. Further genetic studies using advanced molecular and biochemical genetic techniques are needed to resolve this question and to identify and map the gene or genes involved.

5 Detection of the genetic carrier

Identification of a biochemical marker should make possible heterozygote detection, prenatal diagnosis and early clinical recognition of cases, and thus lead to prudent management and treatment.

MECHANISM OF SUPPORT

Support for this program will be through the traditional research grant-in-aid. Successful applicants will direct and carry out the individual research projects.

APPLICATION AND REVIEW PROCEDURES

Applications should be prepared on Form PHS 398 according to instructions contained in the application kit. Application kits are available from most institutional business offices, or may be obtained from the Division of Research Grants (DRG), at the address given below. Check "Yes" in item 2 on the face sheet of the application and type "Grants related to Batten Disease" in the space provided.

The original and six copies of the application should be mailed to the following address:

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

Deadline dates for the receipt of individual research grant (R01) applications are October 1, February 1, and June 1.

For further information applicants may contact:

Dr. Ntinos C. Myrianthopoulos
National Institute of Neurological and
Communicative Disorders and Stroke
National Institutes of Health
Federal Building, Room 8C04
Bethesda, Maryland 20892
Telephone: (301) 496-5821

ACADEMIC INVESTIGATOR AWARD - NURSING (K07)

P.T. 34; K.W. 0785130, 0710030, 0745035, 0745055

National Center for Nursing Research

PURPOSE

The National Center for Nursing Research (NCNR), in order to strengthen the research careers of nurse scientists and to improve the research environment of schools of nursing, invites applications for the Academic Investigator Award to support the research careers of junior faculty.

The candidate is expected to conduct a research project in an area related to the promotion of health, prevention of disease and mitigation of acute and chronic illnesses or disabilities. Investigations must support the missions of the NCNR which compliment other programs of the National Institutes of Health.

OBJECTIVES AND ELIGIBILITY CRITERIA

The objectives of this program are to enhance the development of research faculty in, and research activities related to, nursing science thus strengthening the research capabilities of Schools of Nursing.

The candidate must:

- o Be a U.S. citizen, a noncitizen national of the U.S. or have been lawfully admitted to the U.S. for permanent residence.
- o Hold a doctorate, or equivalent degree.
- o Have an academic appointment at the sponsoring institution at the time the award is activated.
- o Have sufficient research experience and background (generally 4-6 years beyond the doctorate) so that time released from teaching and administrative duties and devoted to research would assure the development of a highly qualified nurse investigator.
- o Describe the research project which is to be conducted under this support along with any other plans to enhance the candidate's research skills.
- o Identify a sponsor who is recognized as an accomplished investigator in the research area proposed, who has experience in training independent investigators and who will provide the guidance for the awardee's development and research plan. The sponsor does not have to be a faculty member of the candidate's school of nursing, but must be committed to continue this involvement through the individual's total period of development under this award.
- o Commit a substantial portion of effort (75%) to the proposed activity.

The institution must:

- o Present plans to protect 75% of the candidate's time to be spent in research career development.
- o Identify and demonstrate availability of the resources (opulations of patients, manpower, materials, equipment, laboratory facilities) necessary to implement the proposed program of development.
- o State the mechanisms for continued institutional support of the candidate after termination of the award.

CONDITIONS OF THE AWARD

- o Awards may be made for a period of 3-5 years and are not renewable.
- o Allowable direct costs will not exceed $60,000 a year. The salary requested must be consistent with the institution's salary scale for others of similar training and experience, up to a maximum of $40,000 per year and related fringe benefits. Research costs, as justified, up to a level of $20,000 direct costs.
- o Indirect costs will not exceed 8 percent of the direct costs, exclusive of tuition fees and equipment expenditures.

REVIEW CRITERIA

The following characteristics will be considered:

o Background and potential of the candidate as a potential leader in nursing research and as an academic investigator.

o The scientific merit of the research project and the soundness of the plan to strengthen the candidate's research development.

o Plan for support of the candidate after the termination of the award.

REVIEW PROCESS AND METHOD OF APPLYING

Applications will receive initial scientific and technical review by the Nursing Science Review Committee. Second level review will be by the NCNR Advisory Council.

Applications will be reviewed three times a year according to the following schedule:

Applications Received by	Council Review	Earliest Starting Date
October 1	May/June	July 1
February 1	Sept./Oct.	December
June 1	Jan./Feb.	April 1

(N.B. FOR APPLICATIONS RECEIVED BY FEBRUARY 1, 1987 ONLY. These will be reviewed by the June 1987 NCNR Council with the earliest starting date of July 1, 1987.)

Applications should be submitted on the research grant application form (PHS 398, Rev. 5/82). If not available at the institution's office of sponsored programs, it may be requested from:

Office of Grants Inquiries, DRG
Westwood Avenue
5333 Westbard Avenue
Bethesda, Maryland 20892
Telephone: (301) 496-7441

NCNR CONTACTS FOR SPECIFIC RESEARCH AREAS OF EMPHASIS

Health Promotion and Disease Prevention - Dr. Deidre M. Blank

Acute and Chronic Illness - Patricia McCormick

Nursing Systems - Ms. Harriet Carroll

NCNR, NIH
Building 38A, Room B2E17
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CLINICAL INVESTIGATOR AWARD - NURSING (K08)

P.T. 34; K.W. 0785130, 0710030, 045035, 0745055, 0785035

National Center for Nursing Research

PURPOSE

The Clinical Investigator Award (CIA) is designed to provide the opportunity for promising clinically-trained individuals to develop into independent clinical investigators. It enables candidates to investigate a well-defined problem under a sponsor competent to provide guidance in the chosen area of research at an NIH supported center program or in one of the General Clinical Research Centers (GCRC) supported by the Division of Research Resources (DRR).

The CIA is targeted to those nurse scientists who have held the doctorate for at least 2 years, have had some research experience, have defined an area of clinical research interest and are now seeking a supervised research experience. The award is intended to facilitate transition from postdoctoral training to a career as an independent clinical investigator.

The candidate is expected to conduct a clinical research project in an area related to the promotion of health, prevention of disease, mitigation of acute and chronic illnesses or disabilities, or in other areas which support the mission of the National Center for Nursing Research (NCNR).

ELIGIBILITY CRITERIA

The candidate must:

- Be a nurse and a U.S. citizen, a noncitizen national of the U.S., or have been lawfully admitted to the U.S. for permanent residence.
- In general, be at least 2 years, but not more than 7 years, beyond the doctorate, or equivalent degree. It is expected that CIA applicants will have had some postdoctoral research experience before the award is initiated.
- Be able to submit a clinically oriented research project to be conducted under this support.
- Be able to identify a sponsor working the the NIH supported center who is recognized as an accomplished investigator in the research area proposed. The sponsor should have experience in training independent investigators and be willing to provide the guidance for the awardee's development and research plan. The sponsor does not have to be the director of the center, but the candidate must have the approval of the Center Director to allow him/her to pursue the research and share in the center's resources.
- Commit a substantial portion of effort (at least 75%) to the proposed activity.

- The grantee institution must be a domestic university, nursing school, or comparable institution with strong, well-established research and training programs in the chosen area and/or strong ties to the institution housing the Center Program which is to support the CIA candidate. The Center Director must have interest, capability, and commitment to provide the environment to support clinically trained individuals in the development of research independence.

CONDITIONS OF THE AWARD

- Awards may be made for a period of 3-5 years and are not renewable.
- Allowable direct costs will not exceed $60,000 a year.
- The award provides salary support, not to exceed $40,000 annually. The actual salary must be consistent with the established salary structure of the grantee institution for persons of equivalent qualifications, experience and rank.
- Research costs, as justified, up to a level of $20,000 direst costs per year.

Indirect costs will not exceed 8 percent of the direct costs, exclusive of tuition fees and equipment expenditures.

METHOD OF APPLYING AND REVIEW PROCESS

Applications will receive initial scientific and technical review by the Nursing Science Review Committee. Second level review, for program relevance, will be by the NCNR National Advisory Council. When the research is to be conducted under the auspices of an NIH-funded General Clinical Research Center (GCRC), the concurrence of the GCRC Committee of the NIH Division of Research Resources is required.

Applications will be reviewed three times a year according to the following schedule:

Applications Received by:	Initial Review	Council Review	Earliest Starting date
October 1	Feb./March	May/June	July 1
February 1	May/June	Sept./Oct.	December 1
June 1	Oct./Nov.	Jan./Feb.	April 1

(N.B. FOR APPLICATIONS RECEIVED BY FEBRUARY 1, 1987 ONLY. These will be reviewed by the June 1987 NCNR Council with the earliest starting date of July 1, 1987.)

Applications should be submitted on the research grant application form (PHS 398, Rev. 5/82). If not available at the institution's office of sponsored programs, it may be requested from the:

Office of Grants Inquiries, DRG
Westwood Building
5333 Westbard Avenue
Bethesda, Maryland 20892
Telephone: (301) 496-7441

REVIEW CRITERIA

The following characteristics will be considered:

Background and potential of the candidate as an independent investigator in clinical nursing research.

The scientific merit of the research project and the soundness of the plan to strengthen the candidate's clinical research development.

The plan for the center's support of the candidate during the period of the award.

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ERRATUM

ACID RAID: EPIDEMIOLOGIC STUDIES

RFA AVAILABLE: 86-ES-02

P.T. 34; K.W. 1007001, 0785055, 0710030

National Institute of Environmental Health Sciences

The above referenced RFA: 86-ES-02, published in the NIH Guide for Grants and Contracts Vol.15, No. 17, September 12, 1986, listed an incorrect application receipt date. The correct application receipt date should read February 16, 1987.

*U.S. GOVERNMENT PRINTING OFFICE: 1986-181-289:40016