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, equirements, and changes in extramural programs administered by the National Institutes of Health.

Vol. 19, No. 3
January 19, 1990

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NOTICES

DATED ANNOUNCEMENTS (RFPs AND RFAs)

"OTHER SUPPORT" IN PHS GRANT APPLICATIONS

P.T. 34; K.W. 1014002, 1014006

National Institutes of Health
Alcohol, Drug Abuse, and Mental Health Administration

The PHS 398 (Rev. 10/88) and PHS 2590 (Rev. 10/88) grant application forms include a section on OTHER SUPPORT, where applicants are expected to list all, including both Federal and non-Federal, active support and pending and planned requests for support of research and research-related activities by all key personnel listed for each application. This information is important to PHS review-award processes to help evaluate the compatibility of application requests with investigators' capabilities and responsibilities, and eliminate unwarranted duplication of support for investigators' efforts. Application instructions emphasize the requirement for complete, accurate, and reliable information. In signing the face page of the application the principal investigator/program director and the applicant institution official certify that the application information is accurate and complete.

Applicants are reminded of the necessity to provide the full and reliable information requested. As noted in the instructions, "Incomplete, inaccurate, or ambiguous information about OTHER SUPPORT could lead to delays in review of the application." Further, applicants should be cognizant that serious consequences could result if failure to provide complete and accurate information be construed as an attempt to mislead PHS agency advisory groups and staff in their review and award responsibilities.

"OTHER SUPPORT" IN NIH AND ADAMHA R&D CONTRACT PROPOSALS

P.T. 34; K.W. 1014002, 1014006

National Institutes of Health
Alcohol, Drug Abuse, and Mental Health Administration

Documentation required in National Institutes of Health and Alcohol, Drug Abuse, and Mental Health Administration uniform Request for Proposals include Standard Form 1411, Contract Pricing Proposal Cover Sheet, which instructs offerors to identify any contracts or subcontracts they have been awarded "for the same or similar items" within the past three years. Additionally, offerors are required to provide a Summary of Related Activities, identifying all active federal contracts, cooperative agreements, grants, and commercial agreements, and submitted proposals, including actual and proposed levels of effort for all key individuals in the proposal to NIH.

As with PHS grant applications, mentioned just above, offerors should be aware that serious consequences could result if their failure to provide complete and accurate information be construed as an attempt to mislead agency advisory groups and staff in their review and award responsibilities.

SALARY LIMITATION ON GRANTS AND CONTRACTS

P.T. 34; K.W. 1014006

National Institutes of Health
Alcohol, Drug Abuse, and Mental Health Administration

The purpose of this notice is to update the information on this subject published in the November 24, 1989 edition of the NIH GUIDE FOR GRANTS AND CONTRACTS (Vol. 18, No. 42).

Section 217 of the Appropriations Act of the Department of Health and Human Services for fiscal year (FY) 1990 (Public Law 101-166) restricts the amount of direct salary of an individual under a grant or contract award issued by the National Institutes of Health (NIH) and the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) to a RATE of $120,000 per year. NIH and ADAMHA will apply the restriction to all grant and contract awards and to all funding amendments to existing grants and contracts made during FY 1990 and with FY 1990 funds. The salary limitation applies to amounts INCLUDED in grant and contract awards as well as amounts allowed to be CHARGED to those grants and contracts. It is important to note, however, that an individual's institutional salary, per se, is not constrained by this legislative provision.

NIH and ADAMHA grant and contract awards that indicate salaries of individuals in excess of a rate of $120,000 per year will include the following notification:

> The Appropriations Act prohibits reimbursement of direct salary for individuals at a rate greater that $120,000 a year as determined in the original award. Accordingly, this award has been reduced by (specific $ amount for direct salary above that rate plus fringe benefits and associated indirect costs). The language contained in the Appropriations Act follows:
>
> > "None of the funds appropriated in this title for the National Institutes of Health and the Alcohol, Drug Abuse and Mental Health Administration shall be used to pay the salary of an individual through a grant or other extramural mechanism at a rate in excess of $120,000 per year."

Grant applications and contract proposals submitted to NIH and ADAMHA should continue to request funding at the regular rates of pay of all individuals for whom reimbursement is requested. NIH and ADAMHA will make downward adjustments of direct salary amounts in excess of the ceiling rate and fringe benefits based upon the budget approved as part of the original award. Corresponding indirect costs will also be adjusted. Following is an EXAMPLE of this process:

Individual's institutional salary per year	$150,000	
Research effort requested on grant application/ contract proposal		50%
Direct salary requested	$ 75,000	
Fringe benefits requested (25% of salary)	$ 18,750	
Applicant organization's indirect costs rate		47%
Amount requested - salary plus fringe benefits plus associated indirect costs		$137,813

If a grant/contract is to be awarded, the amount included in the award for the above individual will be calculated as follows:

Direct salary - restricted to RATE of $120,000 times research effort percentage		$ 60,000
Fringe benefits (25% of allowable salary)	15,000	
Subtotal	$ 75,000	
Associated indirect costs at 47% of subtotal	35,250	
Total amount included due to salary limitation	$110,250	
Amount of reduction due to salary limitation ($137,813 requested minus $110,250 awarded		$ 27,563

Other important points are:

- salary limitation provision does NOT apply to payments made to consultants under an NIH or ADAMHA grant or contract (however, as with all costs, such payments must continue to meet the test of reasonableness);
- salary limitation IS intended to apply to those subawards for substantive work under an NIH or ADAMHA grant or contract;
- unobligated funds from a prior grant/contract period "carried over" INTO a FY 1990 award period ARE subject to the salary limitation provisions; and
- in a noncompeting continuation application (type 5) setting, a grantee organization is NOT permitted to redistribute an amount of "excess" salary among other budget categories in an attempt to apply for the full level of funding as previously recommended by the peer review process.

RESEARCH SUPPORT FOR THE BASIC RESEARCH AND DEVELOPMENT PROGRAM, DIVISION OF AIDS

RFP AVAILABLE: RFP-NIH-NIAID-DAIDS-90-25

P.T. 34; K.W. 7015008, 1002027, 1002045, 0755010, 0740020

National Institute of Allergy and Infectious Diseases

The Division of AIDS (DAIDS), National Institute of Allergy and Infectious Diseases (NIAID), NIH, is soliciting proposals from organizations having capabilities and facilities to provide research support for the Basic Research and Development Program (BRDP). The proposed work is divided into two parts: Part A is the virology portion; Part B is the microbiology portion. Part A includes development of improved assays to measure viral proteins and infectious particles; development of improved in vitro assays to evaluate efficacy of agents active against HIV; delineation of the mechanism of action of potential therapeutic agents against HIV and opportunistic pathogens; and development of immunological reagents for the detection of specific viral and non-viral antigens in biological fluids. Part B includes the development of improved in vitro assays to evaluate efficacy of agents active against the non-viral opportunistic pathogens associated with AIDS and generating, characterizing and standardizing critical reagents.

This acquisition will support the Office of the Associate Director, Basic Research and Development Program, Division of AIDS, and the four Branches which make up the Program: Developmental Therapeutics Branch, Pathogenesis Branch, Resources and Centers Branch, and Vaccine Research and Development Branch.

Offerors may respond to Part A only, Part B only, or both Part A and Part B. The NIAID-sponsored project shall take approximately five years to complete. It is possible that more than one award will be made. A cost reimbursement, task-order type of contract is anticipated. This is an announcement of a new solicitation. RFP-NIH-NIAID-DAIDS-90-25 shall be issued on or about January 22, 1990, with a closing date tentatively set for March 13, 1990.

Requests for the Request for Proposals (RFP) shall be directed in writing to:

Ms. Nancy Hershey
Contract Specialist
Contract Management Branch
National Institute of Allergy and Infectious Diseases
National Institutes of Health
Control Data Corp. Building, Room 214P
6003 Executive Boulevard
Bethesda, Maryland 20892

To receive a copy of the RFP, please supply this office with two (2) self-addressed labels. All responsible sources may submit a proposal which shall be considered by NIAID.

This advertisement does not commit the Government to award a contract.

COOPERATIVE MULTICENTER NETWORK OF NEONATAL INTENSIVE CARE UNITS

RFA AVAILABLE: 90-HD-01

P.T. 34; K.W. 0403020, 0730050, 0715155

National Institute of Child Health and Human Development

Application Receipt Date: April 9, 1990

The National Institute of Child Health and Human Development (NICHD) invites applications from investigators willing to participate with the NICHD under a Cooperative Agreement in an ongoing multicenter clinical study designed to investigate the safety and efficacy of treatment and management strategies used to care for infants in neonatal intensive care units (NICUs). The objective of this study is to facilitate resolution of these problems by establishing a network of centers that, by using common protocols, can provide answers more rapidly than individual centers acting alone.

MECHANISM OF SUPPORT

The funding mechanism to be used to assist the scientific community in undertaking these clinical trials will be a Cooperative Agreement between the participating units and NICHD. The major difference between a Cooperative Agreement and a research grant is that there will be substantial programmatic involvement of NICHD staff above and beyond the levels required for traditional program management of grants.

APPLICATIONS PROCEDURE

Applications must be submitted on form PHS 398 (Revised 10/88).

ADDITIONAL INFORMATION

Potential applicants are encouraged to request a detailed request for application by telephoning:

Linda L. Wright, M.D
Special Assistant to the Director
Center for Research for Mothers and Children
National Institute of Child Health and Human Development
Executive Plaza North, Rm 643
9000 Rockville Pike
Bethesda, Maryland 20892
Telephone: (301) 496-0430

RESEARCH DEMONSTRATION APPLICATIONS ON DRUG ABUSE TREATMENT FOR WOMEN OF CHILD-BEARING AGE AND OFFSPRING

RFA AVAILABLE: DA-90-03

P.T. 34, II; K.W. 0404009, 0775020, 0403020, 0403004

National Institute on Drug Abuse

Application Receipt Date: March 19, 1990

PURPOSE

The purpose of this research demonstration grant announcement is to develop new therapeutic approaches to correct deficiencies in existing clinical programs and to establish new treatment slots designed for drug abusing young women of child-bearing age, as well as pregnant women, post-partum women, and their infants. An additional aim of this announcement is to provide support for expanded or improved treatment services within the context of a research program.

RESEARCH OBJECTIVES

The major research objective is to develop and evaluate the efficacy of new or improved drug abuse treatment in conjunction with supportive services for drug abusing young women of child-bearing age before they become pregnant, as early as possible in their pregnancy, and/or after delivery. Carefully controlled clinical studies are encouraged to investigate the direct and interactive effects and the short-term as well as the long-term effectiveness of comprehensive drug abuse treatment programs based in a variety of settings (e.g., hospital, outpatient clinic, residential facility) for both the women and their infants, as are randomized comparison group studies designed to evaluate critically the effectiveness of programs that provide a broad array of medical, mental health, social, educational, and vocational services for them. Reports describing the expanded treatment or the improved provision of treatment services will be required.

MECHANISM OF SUPPORT AND AVAILABILITY OF FUNDS

The mechanism of support for this grant program is the R18. An estimated $5,000,000 will be available in Fiscal Year 1990 to support 6 to 8 new research demonstration grants under this announcement.

INCLUSION OF MINORITIES IN STUDY POPULATIONS

The Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) urges applicants to give added attention (where feasible and appropriate) to the inclusion of minorities in study populations for research into the etiology of diseases, research in behavioral and social sciences, clinical studies of treatment and treatment outcomes, research on the dynamics of health care and

its impact on disease, and appropriate interventions for disease prevention and health promotion. If minorities are not included in a given study, a clear rationale for their exclusion should be provided.

INCLUSION OF WOMEN IN STUDY POPULATIONS

ADAMHA urges applicants to consider the inclusion of women in the study populations for all clinical research efforts. Exceptions would be studies of diseases which exclusively affect males or where involvement of pregnant women may expose the fetus to undue risks. Gender differences should be noted and evaluated. If women are not to be included, a clear rationale should be provided for their exclusion.

In order to provide more precise information to the treatment community, it is recommended that publications resulting from ADAMHA-supported research in which the study population was limited to one sex for any reason other than that the disease or condition studied exclusively affects that sex, should state, in the abstract summary, the gender of the population studied, e.g., "male patients," "male volunteers," "female patients," "female volunteers."

REVIEW PROCEDURES

Applications received under this announcement will be assigned to an initial review group for scientific and technical merit review. Such groups consist primarily of non-Federal experts. Applications will then receive a second review by the National Advisory Council of the National Institute on Drug Abuse whose review may be based on policy considerations as well as scientific merit. Only applicants recommended for approval by the National Advisory Council will be considered for funding. Notification of review outcomes will be sent to the applicant after the National Advisory Council meets.

APPLICATION PROCEDURES

Applicants must use the standard PHS-398 (Rev. 10/88) research grant application form. The announcement's title, RESEARCH DEMONSTRATION APPLICATIONS ON DRUG ABUSE TREATMENT FOR WOMEN OF CHILD-BEARING AGE AND OFFSPRING, and number, DA-90-03, should be typed on Item #2 on the face page of the PHS 398 form. When using the PHS 398 application form to respond to an RFA, applicants must affix the RFA label available in the PHS 398 to the bottom of the application 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. Application kits containing the necessary forms and instructions may be obtained from the following office:

Grants Management Branch
National Institute on Drug Abuse
5600 Fishers Lane, Room 8A-54
Rockville, Maryland 20857
Telephone: (301) 443-6710

INQUIRIES

Further information and consultation on program requirements can be obtained from:

Elizabeth Rahdert, Ph.D.
Division of Clinical Research
National Institute on Drug Abuse
5600 Fishers Lane, Room 10A-30
Rockville, Maryland 20857
Telephone: (301) 443-4060

DEMONSTRATION RESEARCH ON SERVICE DELIVERY IN NON-TRADITIONAL SETTINGS

RFA AVAILABLE: DA-90-10

P.T. 34; K.W. 0404009, 0730050, 0403004, 0715008

National Institute on Drug Abuse

Application Receipt Date: April 9, 1990

PURPOSE

This grants program has a two-fold purpose: (a) to understand the nature, availability and significance of social support systems to drug using populations; and (b) to evaluate the efficacy of different strategies for

developing, configuring and delivering supports to permit drug-free functioning and for limiting the spread of human immunodeficiency virus (HIV). Another aim of this announcement is to provide support for expanded or improved treatment services within the context of a research program. While a number of support systems and initiatives are available, this availability and the role they play post-treatment and in probation and parole is, however, unclear. Recividism rates also suggest the importance of devising strategies for developing and/or accessing community support systems on behalf of individuals returned to the community. Many drug users do not access drug abuse treatment for extended periods of time and some may never use the treatment system at all. Of particular concern is the intravenous drug user, who may be placing him/herself and others at risk for HIV infection. It becomes imperative to subject clearly articulated systems of support to rigorous study regarding their effectiveness in preventing relapse to drug use and associated anti-social and at-risk behaviors and to change drug using and HIV-related risk-taking behaviors in persons not entering the treatment sytsem.

RESEARCH OBJECTIVES

Study may be made of the nature, availability and use of support systems by former and current drug users located outside treatment and correctional settings. Such groups may be compared to samples of drug users in treatment as relevant. Study samples may be further analyzed by gender, ethnicity, age, drug(s) of choice, rural/urban setting, etc. Research questions may be related to: (a) the availability of support systems; (b) extent and frequency with which support systems are accessed; (c) the means by which support systems are accessed; (d) the willingness of community agencies and/or others to be accessed by client populations; (e) reported outcomes of contacts between client populations and support systems; (f) identification of support systems needed to support drug-free functioning; (g) other. In addition, studies are needed to test the efficacy of strategies designed to maintain the former clients of drug abuse treatment and criminal justice systems drug free in community and/or to assist those unwilling or unable to attend treatment. Annual reports describing the expanded treatment of the improved provision of treatment services will be required.

INCLUSION OF MINORITIES IN STUDY POPULATIONS

The Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) urges applicants to give added attention (where feasible and appropriate) to the inclusion of minorities in study populations for research into the etiology of diseases, research in behavioral and social sciences, clinical studies of treatment and treatment outcomes, research on the dynamics of health care and its impact on disease, and appropriate interventions for disease prevention and health promotion. If minorities are not included in a given study, a clear rationale for their exclusion should be provided.

INCLUSION OF WOMEN IN STUDY POPULATIONS

ADAMHA urges applicants to consider the inclusion of women in the study populations for all clinical research efforts. Exceptions would be studies of diseases which exclusively affect males or where involvement of pregnant women may expose the fetus to undue risks. Gender differences should be noted and evaluated. If women are not to be included, a clear rationale should be provided for their exclusion.

In order to provide more precise information to the treatment community, it is recommended that publications resulting from ADAMHA-supported research in which the study population was limited to one sex for any reason other than that the disease or condition studied exclusively affects that sex, should state, in the abstract summary, the gender of the population studied, e.g., "male patients," "male volunteers," "female patients," "female volunteers."

AVAILABILITY OF FUNDS

In Fiscal Year 1990, an estimated $3,000,000 will be available to support approximately 6 new grants under this announcement. However, the amount of funding available will depend on appropriated funds and program priorities at the time of award.

ELIGIBILITY

Profit and non-profit public and private entities, located in and/or providing services to communities are eligible to apply for these grant awards. Eligible entities include, but are not limited to, public or private agencies and consortia or health care and community organizations that are capable of implementing community-based support programs.

APPLICATION PROCESS

Applicants must use the standard PHS-398 (Rev. 10/88) research grant application form. The title of this Request for Applications (RFA), "Demonstration Research on Service Delivery in Non-Traditional Setting" and the RFA #DA-90-10 should be typed on item number 2 on the face page of the PHS 398 application form. Application kits containing the necessary forms and instructions may be obtained from business offices of sponsored research at most universities, colleges, medical schools and other major research facilities. If such a source is not available, the following office may be contacted for the necessary application material:

Grants Management Branch
National Institute on Drug Abuse
5600 Fishers Lane, Room 8A-54
Rockville, Maryland 20857
Telephone: (301) 443-6710

When using the PHS 398 application form to respond to an RFA, applicants must affix the RFA label available in the PHS 398 to the bottom of the application 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.

REVIEW PROCESS AND CRITERIA

The Division of Research Grants, NIH, serves as a central point for receipt of applications for most discretionary PHS grant programs. Applications received under this announcement will be assigned to an Initial Review Group (IRG) in accordance with extablished PHS Referral Guidelines. The IRGs, which consist primarily of non-Federal scientific and technical experts, will review the applications for scientific and technical merit. Notification of the review recommendations will be sent to the applicant after the initial reviews. Applications will receive a second-level review by the National Advisory Council of the National Institute on Drug Abuse whose review may be based on policy considerations as well as scientific merit. Only applications recommended for approval by the Council may be considered for funding.

Criteria for peer review of applicants will include the following: (a) overall scientific and technical merit of the proposed research including qualifications of the research team, project design and methodology. Assessment of merit will also include the extent to which the project has a clear and sound conceptual basis and is grounded in theory and/or research; (b) potential impact of the intervention under study or of study findings for service delivery; (c) organizational and professional ability to implement a research program; (d) potential contribution of the research program and study findings to new knowledge; (e) evidence of coordination with appropriate drug abuse and criminal justice agencies, community organizations, social service agencies, health agencies, educational institutions, volunteer sector, private sector.

AWARD CRITERIA

Applicants recommended for approval by the National Council on Drug Abuse will be considered for funding on the basis of: (a) overall technical merit of the proposed research as determined by peer review; (b) potential contribution of the proposed intervention and/or of study findings to clinical practices; (c) capacity to demonstrate linkages with community public and private agencies, the community volunteer sector, drug abuse treatment and criminal justice agencies; (d) feasibility of the project as determined by organizational sophistication, capability of staff, availability of subject pool; (e) program balance and relevance to program goals; (f) the availability of funds.

INQUIRIES

For further information and consultation on program requirements can be obtained from:

Chief, Community Research Branch
National Institute on Drug Abuse
5600 Fishers Lane, Room 9A-30
Rockville, Maryland 20857
Telephone: (301) 443-6720

KIDNEY DISEASE OF DIABETES MELLITUS: PATHOPHYSIOLOGY, CLINICAL FEATURES, AND EPIDEMIOLOGY

RFA AVAILABLE: 90-DK-06

P.T. 34; K.W. 0715075, 0785095, 0765035, 0785055, 1002004, 1003002, 0760003

National Institute of Diabetes and Digestive and Kidney Diseases

Letter of Intent Receipt Date: February 15, 1990
Application Receipt Date: April 23, 1990

The Division of Kidney, Urologic and Hematologic Diseases (DKUHD) and the Division of Diabetes, Endocrinology, and Metabolic Diseases (DDEM) of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) invites research applications for a single competition for studies related to Kidney Disease of Diabetes Mellitus (KDDM). This Request for Applications (RFA) invites submission of individual research grant (R01) applications focusing primarily on basic research into the pathophysiology of KDDM, as well as clinical and epidemiologic studies. This RFA is intended to encourage new studies to further the understanding of KDDM that could include the following: (1) Studies dealing with cell biology and biochemistry; identification of appropriate in vitro and in vivo models; studies on the mechanism of the altered structure and function of the kidney in diabetes mellitus, including non-enzymatic glycation; morphologic and morphometric studies; relation of the pathophysiology of KDDM to that of the other complications of diabetes mellitus. (2) Identification of early predictors and markers of structural lesion in KDDM; investigation of the clinical features and course of KDDM in various races and ethnic groups; development of tools and selection of end-points to measure progression and outcome in clinical studies; definition, spectrum, and pertinent methodology for the study of KDDM; possible novel intervention strategies focusing on primary prevention of KDDM in Insulin Dependent Diabetes Mellitus (IDDM) and Noninsulin Dependent Diabetes Mellitus (NIDDM); definition of the impact of pancreas and islet transplantation on KDDM. (3) Investigation of specific genetic determinants of KDDM; studies of markers, indices and possible different types of KDDM; studies of risk factors and co-morbidity of KDDM.

The support mechanism for this program will be the traditional, individual investigator-initiated research grant (R01), and it is governed by the policies applicable to such awards. It is anticipated that 10-15 awards will be made, for up to 5 years, under this program. Applications in response to this RFA will
be reviewed for scientific and technical merit by an Initial Review Group convened by the Division of Extramural Activities, NIDDK, solely to review these applications. Review criteria include: the extent of relevance and/or contribution of the proposed research to the overall goals and objectives of the RFA; significance and originality of the research goals and approaches; feasibility of the research and adequacy of the experimental design; experience and research competence of the investigator(s); adequacy of available facilities; appropriate consent forms for patient participation, when applicable; provision for the humane care of animals, where applicable; and appropriateness of the requested budget relative to the work proposed.

Funding decisions will be based on scientific merit, program relevance, availability of funds, and on recommendations by the Initial Review Group and the National Diabetes and Digestive and Kidney Diseases Advisory Council.

Inclusion of women and minorities is encouraged. If they are excluded, reasons for this exclusion must be explained in the application.

Prospective applicants are asked to submit a one-page letter of intent that includes a descriptive title of the grant application, the name of the Principal Investigator, and the identification of other participating institutions. Such letters are requested in order to determine the number and scope of applications likely to be received. A letter of intent is not binding and will not enter into the review of any application submitted subsequently. This letter of intent should be received by February 15, 1990, and should be sent to:

Robert D. Hammond, Ph.D.
Chief, Review Branch, DEA
National Institute of Diabetes and Digestive and Kidney Diseases
National Institutes of Health
Westwood Building, Room 406
Bethesda, Maryland 20892

Applications should be submitted on Form PHS-398, revised 10/88, available in the Business or Research Grants Office of most academic or research institutions, or from the Office of Grants Inquiries, Division of Research Grants, Room 449, Westwood Building, 5333 Westbard Avenue, National Institutes of Health, Bethesda, Maryland 20892. Applications will be accepted until close of business on April 23, 1990. No extensions will be granted on the application deadline. Applicants should request a start date of September 30, 1990. The phrase "Response to NIDDK RFA 90-DK-06: "Kidney Disease of Diabetes Mellitus" should be typed on line 2 of the face page of Form PHS-398.

THE RFA LABEL (AVAILABLE IN THE 10/88 REVISION OF APPLICATION FORM 398) MUST BE AFFIXED TO THE BOTTOM OF THE FACE PAGE OF THE ORIGINAL COPY OF THE APPLICATION. FAILURE TO USE THIS LABEL COULD RESULT IN DELAYED PROCESSING OF THE APPLICATION.

Requests for copies of the full RFA and inquiries regarding this announcement should be directed to:

Gladys H. Hirschman, M.D.
Director, Chronic Renal Diseases Program
National Institute of Diabetes and Digestive
and Kidney Diseases
National Institutes of Health
Federal Building, Room 102
Bethesda, Maryland 20892
Telephone: (301) 496-8218

and

Elaine Collier, M.D.
Director, Diabetes Research Program
National Institute of Diabetes and Digestive
and Kidney Diseases
National Institutes of Health
Westwood Building, Room 622
Bethesda, Maryland 20892
Telephone: (301) 496-7731

COOPERATIVE MULTICENTER NETWORK OF MATERNAL-FETAL MEDICINE UNITS

RFA AVAILABLE: 90-HD-04

P.T. 34; K.W. 0775020, 0730005, 0715155, 0785135

National Institute of Child Health and Human Development

Application Receipt Date: April 9, 1990

The National Institute of Child Health and Human Development (NICHD) invites applications from investigators willing to participate with the NICHD under a Cooperative Agreement in an ongoing multicenter clinical study designed to investigate problems in clinical obstetrics, particularly those related to prevention of low birth weight. The objective of this study is to facilitate resolution of these problems by establishing a network of centers that, by using common protocols, can provide answers more rapidly than individual centers acting alone.

MECHANISM OF SUPPORT

The funding mechanism to be used to assist the scientific community in undertaking this system of clinical investigation will be a Cooperative Agreement between the participating units and NICHD. The major difference between a Cooperative Agreement and a research grant is that there will be substantial programmatic involvement of NICHD staff above and beyond the levels required for traditional program management of grants.

APPLICATIONS PROCEDURE

Applications must be submitted on form PHS 398 (revised 10/88).

ADDITIONAL INFORMATION

Potential applicants are encouraged to request a detailed request for application by telephoning:

Donald McNellis, M.D.
Special Assistant for Obstetrics
Pregnancy and Perinatology Branch
Center for Research on Mothers and Children
National Institute of Child Health and Human Development
Executive Plaza North, Room 643
Bethesda, Maryland 20892
Telephone: (301) 496-5575

LEARNING DISABILITIES: MULTIDISCIPLINARY RESEARCH CENTER [SPECIALIZED RESEARCH CENTER GRANT (P50)]

RFA AVAILABLE: HD-90-02

P.T. 04; K.W. 0720010, 0404004, 0710030, 0755030, 0745027

National Institute of Child Health and Human Development

Application Receipt Date: April 23, 1990

INTRODUCTION

The National Institute of Child Health and Human Development (NICHD), through the Human Learning and Behavior Branch (HLB), Center for Research for Mothers and Children (CRMC), invites specialized research center grant applications (P50) to develop new knowledge in etiology, diagnosis, prevention, treatment, and amelioration of learning disabilities. Specialized research center grant applications must include research on basic biological and behavioral factors relevant to learning disabilities. One specialized research center may be supported in response to this Request for Applications (RFA) for a single competition.

BACKGROUND INFORMATION, OBJECTIVE AND SCOPE

The purpose of this RFA is to implement the recommendation contained in report language of the U.S. Congress bill to establish one additional multidisciplinary research center for the study of learning disabilities. The NICHD currently funds two research centers on learning disabilities, four program projects on reading disabilities, and a variety of investigator-initiated research studies in this field.

The major goal of this RFA is to fund a specialized research center for intensive multidimensional studies of well-defined populations of learning disabled persons. The research center may involve the collaboration of a variety of scientists including: biologists, neuroscientists, geneticists, epidemiologists, anatomists, psychologists, physicians, educators, linguists, speech and hearing researchers, pharmacologists, demographers, and others. The center should include basic and applied biomedical and behavioral research projects. Evaluations of clinical demonstration projects and tests of differential educational strategies in well defined populations of individuals "at risk" or diagnosed as learning disabled may be proposed. The research topics must include but are not limited to studies of learning disabled individuals at risk for or exhibiting deficiencies in speech, listening, reading, writing, reasoning, mathematics, and social skills. As a part of any research center on learning disabilities, studies of mammalian animal models of immunological, physiological, anatomical, genetic, neurodevelopmental, toxicological, and other basic biological factors which may be related to learning disabilities are encouraged.

The neurobiological basis of specific learning disorders is of particular interest. The development and refinement of diagnostic tests and measures are encouraged. Clinical trials of scientifically valid and reliable treatment protocols are of interest. Comparative studies of specific instructional characteristics, dimensions, and methods that take into consideration neurobiological and behavioral individual differences will be considered. Center applications could also focus on basic and clinical aspects of the development of higher nervous system function in learning and/or identifying and understanding higher system dysfunction in disorders of learning. Establishing a registry of infrequently occurring cases of extremely learning disabled individuals for the purpose of collaborative research is encouraged.

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

MECHANISM, NUMBER, AND BUDGET

Multidisciplinary activities of the center will be supported through the P50 center grant mechanism. Depending upon the availability of funds and the results of peer review, one award may be made for a period of five years. The total cost of the center (direct and indirect) may not exceed $750,000.

WHERE THE RFA MAY BE OBTAINED

A complete copy of the RFA entitled "Learning Disabilities: Multidisciplinary Research Center [Specialized Research Center Grant (P50)]" and guidelines for the application format and review process are described in "NICHD Research Centers Programs: P50 Specialized Research Center Grant Guidelines" which may be obtained from:

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