NIH GUIDE for GRANTS and CONTRACTS

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Vol. 10, No. 13, December 4, 1981

IN THIS ISSUE:

(Continued)

HAVE YOU MOVED?

If your present address differs from that shown on the address label, please send your new address to: Grants and Contract Guide Distribution Center, National Institutes of Health, Room B3BN10, Building 31, Bethesda, Maryland 20205, and attach your address label to your letter. Prompt notice of your change of address will prevent your name from being removed from our mailing list.

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

Two types of supplements are published by the respective awarding units. Those printed on yellow paper concern contracts: solicitations of sources and announcement of availability of requests for proposals. Those printed on blue paper concern invitations for grant applications in well-defined scientific areas to accomplish specific program purposes.

Index (Continued)

NOTICE

ANNOUNCEMENTS PLANNED

IDENTIFICATION OF CELLS IN ATHEROSCLEROTIC PLAQUES

The Lipid Metabolism-Atherogenesis Branch, Division of Heart and Vascular Diseases, National Heart, Lung, and Blood Institute expects to issue a solicitation for research on the above subject on or about January 1, 1982.

Applications will be invited to develop and apply improved methods, particularly biochemical and marker methods, which in conjunction with morphology can 1) improve the identification of normal and abnormal cells in atherosclerotic plaques, and 2) assess their properties at various stages of plaque development. The announcement will be for a single competition, with a receipt date of April 1, 1982.

Requests for additional information may be directed to:

Dr. G.C. McMillan
Associate Director for Atherosclerosis, Hypertension and Lipid Metabolism Program
Division of Heart and Vascular Diseases
National Heart, Lung, and Blood Institute
Federal Building, Room 4C-12
Bethesda, Maryland 20205
Telephone: (301) 496-1613

IMAGE ENHANCEMENT TECHNIQUES FOR VISUALIZATION OF CORONARY ARTERIES AND CORONARY BYPASS GRAFTS

The Devices and Technology Branch, Division of Heart and Vascular Diseases, National Heart, Lung, and Blood Institute expects to issue a solicitation for research on the above subject on or about January 1, 1982. This program will support research and development of image enhancement techniques which will improve visualization of coronary arteries and coronary bypass grafts. Proposals must include methods for validating how the proposed techniques improve diagnostic quality of these images. This announcement may be of particular interest to investigators with expertise in mathematics, computer science, pattern recognition, radiology and cardiology. Collaboration with organizations familiar with image processing in high technology fields may be appropriate.

The receipt date for responses to this announcement will be April 15, 1982. Request for information should be addressed to:

Dr. Alan S. Berson
National Heart, Lung and Blood Institute
Federal Building, Room 312
7550 Wisconsin Avenue
Bethesda, Maryland 20205
Telephone: (301) 496-1586

MECHANISMS OF CALCIFICATION OF PROSTHETIC MATERIALS IN THE CARDIOVASCULAR SYSTEM

The Devices and Technology Branch, Division of Heart and Vascular Diseases, National Heart, Lung, and Blood Institute expects to issue a solicitation for research on the above subject on or about January 1, 1982. This program will support research on the mechanisms of calcification of biologic or synthetic materials in implanted cardiovascular prostheses, especially heart valves, vascular grafts, and circulatory assist devices. In vitro or in vivo test systems might be employed, but the relationship to calcification of implanted devices must be appropriately justified. This announcement may be of particular interest to investigators with expertise in surgery, hematology, pathology, bone and calcified tissue metabolism, materials science and biomedical engineering.

The receipt date for responses to this announcement will be April 15, 1982. Request for information should be addressed to:

Dr. Frances A. Pitlick
National Heart, Lung and Blood Institute
Federal Building, Room 312
7550 Wisconsin Avenue
Bethesda, Maryland 20205
Telephone: (301) 496-1586

REQUEST FOR RESEARCH GRANT APPLICATIONS: RFA

NIH-NIAID- 82-4

PROGRAM PROJECTS IN MECHANISMS OF IMMUNOLOGIC DISEASES

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

Application Receipt Date: June 15, 1982

BACKGROUND INFORMATION

The Allergy and Clinical Immunology Branch of the Immunology, Allergic and Immunologic Diseases Program of NIAID is concerned with asthma, allergic, and immunologic diseases and with relevant mechanisms of hypersensitivity and inflammation. This request for applications (RFA) is intended to encourage the development of proposals from collaborative basic science and clinical investigative groups, and to coordinate the submission of new and renewal program project applications providing equitable opportunity for both to compete for funds currently available for existing programmatic activities concerned with the study of mechanisms of immunologic diseases. As such, this program is intended to complement the Branch's Asthma and Allergic Disease Center program as well as the Centers for Interdisciplinary Research in Immunologic Diseases program.

Immunologic diseases together with asthma, allergic diseases, and hypersensitivity and inflammatory disorders constitute major areas of endeavor of the Allergy and Clinical Immunology Branch. The programmatic activity on immunologic diseases is designed to further investigate underlying mechanisms of disease and to enhance basic knowledge relevant to the etiology, prevention, and management of immunologic disorders. Studies are effected from either one of two disciplinary approaches: clinical immunology or immunopathology. Clinical immunology studies are directed toward acquired and inherited diseases associated with dysfunctions of the immune system. Immunopathology studies include specific areas of genetics, cytology, biochemistry, physiology, and pharmacology of the immune system and its disorders.

The research to be supported by this announcement is concerned with and seeks to define the etiologic factors, pathogenic mechanisms, development of critical diagnostic measures and approaches to effective prevention, control, and treatment of immunologic abnormalities.

This program is described in the Catalog of Federal Domestic Assistance number 13.855, Immunology, Allergic and Immunologic Diseases Research. Awards will be made under the authority of the Public Health Service Act, Title III, Section 301 (the Public Law 78-410, as amended; 42 USC 241) and administered under PHS grant policies and Federal Regulations 42 CFR Part 74. This program is not subject to A-95 Clearinghouse or Health Systems Agency Review.

RESEARCH GOALS AND SCOPE

1. Program project grants are awarded to an institution in behalf of a program director for the support of a broadly based, multidisciplinary, long-term research program which has a specific major objective or basic theme. A program project generally involves the organized efforts of groups of investigators, members of which conduct research projects related to the overall program objective. The grant can provide support for the projects and for certain basic resources shared by individuals in a program where the sharing facilitates the total research effort. Each project supported under a program project grant is expected to contribute to and be directly related to the common theme of the program; the projects under the direction of a principal investigator should demonstrate an essential element of unity and interdependence. This program does not provide support for nonresearch components, such as a clinical referral service, programs in continuing medical education, or programs for a demonstration and technology transfer.

2. It is planned that awards will be made during fiscal year 1983 to support at least two program project grants depending on the availability of funds. It is anticipated that projects will be initiated April 1, 1983.

3. Proposals should emphasize new ideas and new initiatives and should be concerned with the clinical relevance of new knowledge to the immune system and its disorders deriving from studies in related disciplines.

4. Protocols focused on the study of immune mechanisms in disease should be designed to favor integration and coordination of intra-institutional research projects concerned with immunologic disorders and those in basic biomedical sciences. Programs should include clinical investigative components drawing upon immunologically relevant endeavors in medicine, pediatrics, surgery, pathology, and their subspecialties.

5. While proposals should be based on clinical investigation as the major requirement, the value and place of experimental studies are recognized. Inclusion of basic research components utilizing samples of human source materials in in vitro procedures and those involving laboratory animals serving as feasible models for required in-depth studies are acceptable. Such work, however, should clearly demonstrate relevance to human diseases.

6. Patient oriented studies and those involving in vitro laboratory procedure and the use of experimental animal models should have an immunologic base or draw upon immunologically relevant areas in the disciplines of biochemistry, pharmacology, microbiology, virology, genetics, or pathology.

7. The proposals should consist of a number of demonstrably integrated projects utilizing multifaceted experimental approaches and investigative probes bearing upon either a well defined immunologic disease or upon immune mechanisms common to multiple human disorders.

8. The proposal should clearly explain how the projected multidisciplinary integrated program can be expected to accomplish the stated goal more efficiently and effectively than a series of independent individual grant supported studies.

9. Designation of a program director should be based upon accomplishment, experience as a senior scientist, and ability to assume both leadership of the investigative group and responsibility for scientific, professional, and administrative functions, and commitment devoting a significant amount of his/her time to the project. Each project or subproject in the program should have a designated principal investigator also with a demonstrable record of accomplishment in clinical immunology, immunopathology, or one of the basic science disciplines or clinical specialties relevant to the particular subject of investigation.

MECHANISM OF SUPPORT

Support of a program project in Mechanisms of Immunologic Diseases will be limited to a maximum of five years. If a competing renewal application is planned, it should be submitted only in response to an RFA. Funding beyond the first and subsequent years of the grant will be contingent upon satisfactory progress during the preceding years.

The receipt date for applications will be June 15, 1982. They will undergo initial review in October by the Allergy and Immunology Research Committee and subsequent review by the National Advisory Allergy and Infectious Disease Council in January 1983. April 1, 1983 will be the earliest starting date for successful applicants.

Grant funds may be utilized to support the research activities of scientific and professional personnel, administration, consultation services, central support services, equipment, supplies, travel, and publication costs. Support for research-related costs of patient involvement and medical care may be authorized. Since the program cannot provide funds for new construction, adequate physical facilities must be available for the primary needs of the project. However, moderate alterations or renovations to enhance clinical or laboratory facilities may be allowed if they are necessary to meet objectives of the proposed program.

REVIEW PROCEDURES AND CRITERIA

For preliminary screening by NIAID staff, a "letter of intent" should be submitted by the prospective program director.

Letters of intent should cover the following points:

1. A brief description of the intended project;

2. A description of available laboratory facilities;

3. Ongoing basic and clinical research relating to immunologic diseases, identifying existing projects and sources of support;

4. Past research by members of the proposed investigative group in basic and clinical immunology;

5. A description of all clinic facilities available for use by the proposed project;

6. Specific information on the institution's present patient load and projections for patient involvement in clinical investigation;

7. The academic positions and major research interests of the program director and his professional staff who will be involved in the work of the program projects;

8. Collaborative possibilities with other area laboratories and investigators and delineation of the roles and manner of anticipated participation and interaction of the principal investigators, consultants, and collaborators.

Letters of intent are due no later than March 15, 1982, and upon receipt will be screened by NIAID staff to determine the eligibility and suitability of the project proposals for this announcement.

Inquiries should be directed to:

Robert A. Goldstein, M.D., Ph.D.
Chief, Allergy and Clinical Immunmology
Branch, IAIDP
National Institute of Allergy and Infectious
Diseases
Room 755, Westwood Building
National Institutes of Health
Bethesda, Maryland 20205

Telephone: (301) 496-7104

CONSEQUENCES OF LACK OF RESPONSIVENESS TO THE RFA OR OF LATE SUBMISSION

Based upon the letter of intent, potential applicants will be promptly advised whether or not their proposal is found to be within the research goals and scope of the program as defined in this RFA. Applicants will then have an opportunity to correct deficiencies or weaknesses and to restructure their submissions accordingly. Formal applications that are not responsive to the RFA or are not received by June 15, 1982, will not be accepted for review and will be returned to the applicant.

METHOD OF APPLYING

Before preparing an application, the prospective applicant should request from NIAID program staff a copy of the NIAID Information Brochure on Program Projects which contains details on the requirements for multidisciplinary grant applications.

Use the standard research grant application form PHS 398 (Rev. 10/79). In addition to following accompanying format instructions for the development of the application, include expanded material listed above under the eight points for the letter of intent. For purposes of identification and processing, the words PROGRAM PROJECT ON MECHANISMS OF IMMUNOLOGIC DISEASES should be typed in item 2 on the face page of the application and a brief covering letter should be attached indicating submission is in response to this NIAID announcement.

Application kits may be obtained from the institution's application control office. If not available there, they may be obtained from:

Office of Grants Inquiries
Division of Research Grants
National Institutes of Health
Room 448, Westwood Building
Bethesda, Maryland 20205

Forward the complete application to:

Division of Research Grants
National Institutes of Health
Room 240, Westwood Building
Bethesda, Maryland 20205

Please forward a copy (not the original) of the cover letter and the application face page to: (1) the NIAID Program Director in order to alert NIAID to the submission of the proposal, and (2) the Chief, Program and Project Review Branch, NIAID, Room 703, Westwood Building, National Institutes of Health, Bethesda, Maryland 20205.

ANNOUNCEMENT

RESEARCH GRANTS RELATED TO THE ETIOLOGY, DEVELOPMENTAL EMBRYOLOGY, AND NATURAL HISTORY OF NEURAL TUBE DEFECTS

NATIONAL INSTITUTE OF NEUROLOGICAL AND COMMUNICATIVE DISORDERS AND STROKE

The Developmental Neurology Branch, Neurological Disorders Program, National Institute of Neurological and Communicative Disorders and Stroke (NINCDS) encourages the submission of basic and clinical research grant applications, (R01 for traditional research project grants and P01 for research program projects) concerning the etiology, developmental embryology, pathogenesis, epidemiology and genetics of neural tube defects, leading to their ultimate prevention.

BACKGROUND

Neural tube defects (anencephaly, encephalocele/meningocele, rachischisis, spina bifida), are among the most catastrophic and most numerous congenital afflictions of man. Their overall incidence is 25-30 per 10,000 births. The burden which they impose on the individual and society in terms of pregnancy wastage, morbidity, disability, expense for medical care, and mortality is enormous.

In spite of considerable recent advances and discoveries in many areas of neurology, progress in the understanding of the etiology and pathogenesis of neural tube defects is badly lagging. Their epidemiologic characteristics are puzzling: they occur with a very high incidence in the industrial areas of Northern Ireland, Scotland and Wales, and among the Irish population of Boston, but in Australia and New Zealand, the incidence among the same Anglo-Saxon population is lower than in Europe, and in Japan, one of the most densely populated and industrially polluted countries in the world, the incidence is the lowest found in any population. Anencephaly is about 4 times more frequent in whites than in blacks, and about 2/3 of cases are females.

In experimental animals, neural tube defects have been produced by a variety of environmental teratogens whose metabolism appears to be under genetic control. In the mouse they also result from a series of genetic mutations linked to the H-2 histocompatibility complex which is analogous to the human HLA complex. In man neural tube defects show familial aggregation but the mode of transmission is not clear, as spina bifida, anencephaly, hydrocephaly and encephalocele often occur alternatively in sibships, i.e. affected siblings often have different defects. It is reasonable to assume that both genetic and environmental factors contribute to their etiology. Studies to

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This program is described in the Catalog of Federal Domestic Assistance Number 13.852, Neurological Disorders. Awards will be made under the authority of the Public Health Service Act, Title III, Section 301 (Public Law 78-410, as amended; 42 USC 241) and administered under PHS grant policies and Federal Regulations 42 CFR Part 52 and 45 CFR Part 74. This program is not subject to A-95 Clearinghouse or Health Systems Agency review.

provide knowledge about the mechanisms which control normal embryonic developmentare urgently needed in order to identify the forces which disrupt these mechanisms at various stages of development, resulting in malformations.

RESEARCH GOALS AND SCOPE

The research goals of this program are the attainment of knowledge and understanding about normal and abnormal neural tube formation, specific etiologies of neural tube defects, the mechanisms which these etiologies initiate, the molecular and gross events which lead to neural tube defects, individual and population differences in incidence and in susceptibility to the forces which produce neural tube defects, and the nature of such susceptibility; and the utilization of this knowledge to develop measures for the prevention and treatment of neural tube defects.

The scope of this program encompasses research in developmental aspects, natural history, and prevention of neural tube defects, utilizing a variety of subjects, 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.

Subjects. These may include experimental animals and human subjects. Particularly, studies of non-live early human embryos, normal and abnormal, are expected to provide direct and crucial information about the etiology and pathogenesis of neural tube defects.

Epidemiology and natural history. This area should be further pursued with studies of variation in incidence and familial occurrence of neural tube defects in different ethnic and geographic populations, and of the factors associated with such variation. Such studies may be instrumental in providing clues about genetic and environmental susceptibilities.

Morphology. The earliest changes in the normal and abnormal development of the neuroectoderm, and in cell recognition and migration, are but little known, and may be important in understanding the processes which lead to neural tube defects. These may be studied with modern scanning electron microscopic and transmission electron microscopic techniques. Such studies should be correlated with histochemical and immunochemical studies at these early stages of development.

Developmental embryology. Studies in this area should investigate normal and abnormal animal developing embryos, and early human abortuses to detect biochemical differences at the cellular and molecular level, and to identify cellular targets to teratogens and genetic changes at particular stages of development. Techniques that probe into these molecular mechanisms are currently available and include immunochemistry and membrane microchemistry, tissue culture, and biochemical techniques of high resolving power such as rapid flow microfluorimetry and two-dimensional electrophoresis.

Genetics. In addition to population and family studies mentioned above, biochemical genetic studies are desirable. These would include studies of genetic antigenic differences, of genetic susceptibility to teratogens, and of rates of metabolism or clearance of certain metabolites which are under genetic control.

The studies outlined above are expected to elucidate specific etiologies, and identify certain teratogenic agents and genetic markers, thus leading to improved methods of prenatal diagnosis, genetic counseling, and intervention procedures.

MECHANISM OF SUPPORT

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

APPLICATION AND REVIEW PROCEDURES

Applications should be prepared on Form PHS 398 following instructions contained in the application kit. Application kits are available from most institutional business offices, ormay be obtained from the Division of Research Grants, at the address given below. Persons considering the submission of program project applications should also request a copy of detailed NINCDS guidelines, which include budgetary restrictions, from the Chief, Birth Defects and Genetic Disorders Section, Developmental Neurology Branch, NINCDS, as listed below.

Deadline dates for the receipt of individual research grant (R01) applications are March 1, July 1, and November 1, and for program project (P01) applications, February 1, June 1, and October 1.

The phrase "Prepared in response to NINCDS program announcement for research in neural tube defects" should be typed across the top of the first (face) page of the application.

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

Division of Research Grants
National Institutes of Health
Room 240, Westwood Building
Bethesda, Maryland 20205

One copy of application is to be sent to the address below. Also, for further information applicants may contact:

Dr. Ntinos C. Myrianthopoulos
Chief, Birth Defects and Genetic
Disorders Section
Developmental Neurology Branch
NINCDS, National Instituts of Health
Federal Building, Room 8C-16A
Bethesda, Maryland 20205
Telephone: (301) 496-5821

ANNOUNCEMENT

REQUEST FOR RESEARCH GRANT APPLICATION: RFA

LONG-TERM SOMATIC TREATMENT OF AFFECTIVE DISORDERS

NATIONAL INSTITUTE OF MENTAL HEALTH

Application Receipt Date: March 1, 1982

The Pharmacologic and Somatic Treatments Research Branch of the National Institute of Mental Health invites grant applications for research projects on the development and evaluation of long-term somatic treatment of affective disorders.

I. BACKGROUND

Studies of the somatic treatment of affective disorders are usually restricted to the acute episode and are often limited to a 3 to 8 week period. Antidepressants, lithium, and ECT are of proven efficacy in controlling symptomatology during this acute phase of treatment. Maintenance treatment aimed at preventing the re-emergence of symptoms and the occurrence of new episodes has been less well studied. As a result, there are many critical gaps in our knowledge as to how to treat affective disorders following the initial control of acute symptomatology.

II. RESEARCH PLAN

Research should focus on critical issues pertaining to long-term somatic therapies in affective illness and have clear relevance for better utilization of these treatments. Long-term therapy refers to two critical phases of somatic treatment, one concerned with maintaining conrol over affective episodes following initial control of acute symptomatology (continuation therapy); the other concerned with preventing or attenuating new episodes (long-term preventive therapy). The announcement encourages research in a broad spectrum of affective disorders, including the following DSM-III diagnostic categories: bipolar disorder, recurrent major depression, dysthymic disorder, cyclothymic disorder, atypical affective disorder, and episodic schizoaffective disorder. The announcement is restricted to the evaluation of somatic therapies (e.g., psychopharmacologic agents, ECT), but combined somatic-psychosocial treatment approaches may be included. Specific research needs exist in the following areas: 1) identification of types of patients or

This program is described in the Catalog of Federal Domestic Assistance, number 13.242, Mental Health Research Grants. Grants will be awarded under the authority of the Public Health Service, Title II, Section 301 (Public Law 410, as amended; 42 USC 241) and administered under PHS grant policies and Federal Regulations 42 CFR Part 52. This program is not subject to A-95 Clearinghouse or Health Systems Agency review.

disorders that should be treated with long-term somatic therapy; 2) determination of optimum drug, dosage schedule, and duration of treatment for various affective disorders; 3) identification of possible predictors of long-term treatment outcome; 4) investigation of the relative effectiveness of long-term drug therapy compared to an intermittent schedule involving close surveillance of the untreated patient and rapid pharmacologic intervention at the first sign of relapse; 5) evaluation of combined somatic-psychosocial therapy compared to somatic treatment alone.

Applications need not be limited to these issues.

III. PROGRAM INFORMATION

Before preparing an application, the prospective applicant should contact Dr. Robert Prien for the complete announcement or for consultation concerning submission of a proposed project.

Robert F. Prien, Ph.D.
Room 10C-06
Parklawn Building
5600 Fishers Lane
Rockville, Maryland 20857
Telephone: (301) 443-3568

IV. APPLICATION PROCEDURES

Applications should use Form PHS 398 (Rev. 5/80). State and local government agencies should use form PHS 5161. Application kits are available from Grants Operation Section, NIMH, Room 7C-05, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857, (301) 443-4414, or may be obtained from the grants office of a university. Instructions for applicants are included in the kit. The phrase, "LONG-TERM SOMATIC TREATMENT OF AFFECTIVE DISORDERS," should be entered in item #2 of the face page of the application.

The signed original and six copies of the application should be sent directly to the Division of Research Grants, National Institutes of Health, Bethesda, Maryland 20205.

V. PROCEDURES FOR REVIEW OF APPLICATIONS

Applications submitted in response to this announcement will be reviewed on a nationwide basis in accord with the usual Public Health Service peer review procedures for research grants. They will be reviewed for scientific and technical merit by a review group composed primarily of non-Federal scientific experts (Initial Review Group) and by the National Advisory Mental Health Council. By law, only applications recommended for approval by Council will be considered for funding.

VI. AWARD DECISION CRITERIA

The following criteria will be utilized in deciding to make an award for an application which has been recommended for approval, provided the applicant has complied with all legislative, regulatory, and policy requirements of the Public Health Service:

- quality of the proposed project as determined during the review process
- programmatic relevance of the proposed project
- availability of funds

VIII. RECEIPT, REVIEW, AND AWARD SCHEDULE

Receipt date	Initial Review	Council Review	Earliest Date of Award
March 1, 1982	June 1982	September 1982	September 1982

While this announcement invites applications for a specific funding initiative and receipt date, applications of the types described in this announcement may be submitted at any time after March 1, 1982, for consideration in the Institute's regular research grants program. The Institute plans to support 2 to 5 projects in this area.

CORRECTION

NIA SMALL GRANT PROGRAM

The announcement of the small grant program of the National Institute on Aging announced in the NIH Guide for Grants and Contracts, Vol. 10, No. 12, November 6, 1981, had an incorrect phone number. The NIA Associate Director for Biomedical Research and Clinical Medicine can be reached on (301) 496-4996. Also, pages 26 and 27 are numbered out of order and should be reversed.

CORRECTION

RFA ON GENITAL HERPES

A line was omitted from the text of RFA-NIH-NIAID-82-2 ("Epidemiology and Natural History of Genital Herpes," Vol. 10, No. 12, November 6, 1981).

The fifth paragraph under "BACKGROUND" should read:

> The initial episode of herpes genitalis may be quite severe and involve many anatomic sites whereas recurrent episodes are usually less severe and limited to areas of the genitalia. The effects of gender on severity and frequency rates in recurrent episodes of the disease is not well studied, but there are some data that suggest that recurrent episodes occur more frequently in men than women.

SPECIAL ANNOUNCEMENT

FUNDING NOTICE

The NIH, along with most other components of the Federal Government, now is limiting obligations to a level 12% below the Fiscal Year (FY) 1982 budget that the President requested last March. This notice summarizes the relevant background information and describes the actions the NIH is taking. Additional notices will be issued as necessary during the coming months as further decisions regarding NIH spending authority are made.

BACKGROUND

Status of Legislation Establishing Spending Authority

Appropriations Bills, the primary statutes that enable Federal agencies to obligate funds, have yet to be enacted for FY 1982, the year beginning October 1, 1981. Since October 1, the NIH, and essentially all other Federal agencies, have been operating under a succession of Continuing Resolutions, laws that provide temporary spending authority. The current Continuing Resolution expires December 15, 1981, by which time the Congress and the President must agree to either an Appropriations Bill for FY 1982 or another Continuing Resolution if a lapse in spending authority is to be avoided.

Limitations on Spending

In September, 1981, the President submitted to the Congress revised FY 1982 budget requests for most Federal agencies, including the NIH. These revised budget requests are 12% below those submitted last March. Operating under the current Continuing Resolution, the NIH is obligating its FY 1982 funds in accordance with the President's September request. These spending limitations apply to all classes of NIH activities - grants, contracts, and intramural research - and affect the programs of all Bureaus, Institutes, and Divisions. These limitations apply strictly to awards made with FY 1982 funds; no reductions are being made either in awards issued prior to October 1, 1981, or in amounts recommended for approved grants and contracts for future years

NIH PLANS

Awards with Start Dates Prior to December 15, 1981

1. For research and development contracts, no new awards will be made. The aggregate funding levels for renewals will be established in accordance with the reductions requested in the President's September budget.

2. Noncompeting continuation grants (Type 5) will be made at approximately the FY 1982 committed level less an average of 12%. Reductions will be based on direct costs with concomitant reduction in the allowance for indirect costs.

3. Competing continuation grants (Type 2) ranked highest in terms of scientific merit and program relevance will be made for the December 1 date at reduced levels consistent with the President's September budget request. All other Type 2 grant requests with a start date of December 1, 1981 or later, will be either held for possible funding subsequent to the requested start date or withdrawn from competition.

4. Most new grants (Type 1) and competing supplements (Type 3) will be deferred. Grants for December 1 start date will be made with the average 12% reduction.

5. New individual fellowship awards will be made in those instances where deferral would create a significant hardship. Continuation (Type 5) as well as new awards will consist of the appropriate stipend plus a $2,000 institutional allowance.

6. Awards involving essentially salary only (e.g., Research Career Development Awards) will be made without reduction.

Implementation

Within the framework of the general plan described above, there will be modest variations to accommodate the needs of individual award situations. For example, some awards may be reduced by more than 12% whereas others will be subjected to little or no reduction.Although in some instances recipients may be asked to prepare a revised budget, most recipients will simply receive a reduced award and be encouraged to exercise their rebudgeting authorities as necessary to ensure that the funds are spent as effectively as possible.

As events may dictate modifications in implementation for subsequent award start dates, NIH will issue additional notices of its funding plans.

U.S. GOVERNMENT PRINTING OFFICE: 1981 - 361-144:109