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

NOTICES OF AVAILABILITY (RFPs AND RFAs)

ONGOING PROGRAM ANNOUNCEMENTS

NIDDK CENTER DIRECTORS MEETING

P.T. 04, 42; K.W. 1014006

National Institute of Diabetes and Digestive and Kidney Diseases

A meeting of Center Directors supported by the National Institute of Diabetes and Digestive and Kidney Diseases is scheduled for October 15 and 16, 1990, at the NIH campus in Bethesda, Maryland. The purpose of the meeting is to inform investigators of current institute policies and guidelines concerning research centers. The meeting is open on a space-available basis.

For further information contact:

Dr. Ralph L. Bain
Program Director
Kidney and Urologic Diseases Research Centers Program
National Institute of Diabetes and Digestive and Kidney Diseases
Federal Building, Room 102
Bethesda, MD 20892

INTERIM GUIDANCE ON THE BYRD ANTI-LOBBYING PROVISION (PUBLIC LAW 101-121)

P.T. 34; K.W. 1014006

National Institutes of Health

The purpose of this notice is to update information on this subject previously published in the NIH GUIDE FOR GRANTS AND CONTRACTS.

BACKGROUND

On October 23, 1989, the President signed into law the Department of Interior and Related Agencies Appropriations Act for Fiscal Year 1990. Section 319 of the Act amends Title 31, U.S.C., by adding a new Section 1352, entitled Limitation on Use of Appropriated Funds to Influence Certain Federal Contracting and Financial Transactions (Byrd Anti-Lobbying Provision). Section 1352 prohibits all Federal contractors and subcontractors from using appropriated funds to influence or attempt to influence Congress or a Federal agency in connection with the award of a contract, grant, loan, or cooperative agreement. It also requires disclosure of such activities undertaken with nonappropriated funds, for contracts over $100,000. The statutory effective date of Section 319 of the Act was December 23, 1989.

Federal Acquisition Circular (FAC) 84-55 implemented the law into the Federal Acquisition Regulation (FAR) and added both a Provision (FAR 52.203-11) and a Clause (FAR 52.203-12), to be used in all solicitations and contracts exceeding $100,000 and in all out-of-scope modifications exceeding $100,000, as well as a disclosure form, Standard Form LLL, to be submitted by the offeror/contractor as required. On March 23, 1990 and June 12, 1990, the Office of Management and Budget issued clarifications to the lobbying restrictions, which were then further clarified by the Civilian Agency Acquisition Council (CAAC). The substance of these clarifications is provided below.

SUMMARY OF CLARIFICATIONS

1. The certification and disclosure statement apply only to the instant contract action for which they are being obtained, and not to all Federal transactions.

2. Only bids, offers, and awards submitted or made on or after the December 23, 1989 effective date and that exceed $100,000, are required to contain certifications and, if required, disclosures. Awards made before December 23, 1989, but modified, extended, or renewed after that date do not need certifications or disclosure statements, unless they are modified beyond the scope of the award. If a bilateral modification to an existing contract requires a Justification for Other than Full and Open Competition (JOFOC) and exceeds the $100,000 threshold, the certification and disclosure statement (if applicable) are required. For JOFOCs where no additional funds are required, but only additional effort, the certification and disclosure requirements do not apply. The requirements of the law also do not apply to contract modifications that involve incremental funding actions, exercise of options, or cost overruns.

3. Selling activities by independent sales representatives that occur before issuance of any formal solicitation are not considered to be "influencing" with regard to a particular contract and are, therefore, exempt from the Act. Examples of such selling activities include: (a) discussions with an agency (including individual demonstrations) regarding the qualities and characteristics of the seller's products or services, conditions or terms of sales, and service capabilities; and (b) technical discussions and other activities regarding the application or adaptation of the person's products or services for an agency's use.

4. For any subcontract exceeding $100,000, a certification and a disclosure form, if required, shall be filed with the next tier above. All disclosure forms shall be forwarded from tier to tier until received by the prime contractor, who shall forward them to the contracting officer.

5. To the extent that a person can demonstrate that he/she has sufficient monies, other than Federal appropriated funds, the Government shall assume that these monies were the ones spent for any influencing activities. This assumption applies whether or not cost or pricing data were required to be submitted. Where no cost or pricing data are submitted, (e.g., sealed bidding or negotiated contracts where there is adequate price competition), it shall be assumed that monies spent are a reduction from profits otherwise available. In other words, the influencing activities are permitted, since profits and fees are not considered appropriated funds under the Act.

6. "Professional and technical services" are defined as advice and analysis directly applying any professional or technical expertise. Examples of professional and technical services that are exempt from the Act were outlined in the December 1989 guidance and in FAR 3.802(c)(2)(ii). The examples were not intended to be all-inclusive or to limit the application of the professional and technical exemption provided in the law.

7. Requests from state and local governments for information or clarification about grants are permitted under the Act and are not subject to disclosure. Communications regarding routine and ongoing post-award activities to administer grants and contracts do not require disclosure since they fall under the exemption of "professional and technical services."

8. Nothing in the guidelines requires that a person change his or her existing accounting practices.

9. The required certification and disclosure are a matter of responsibility, and failure to submit the certification and disclosure, if applicable, renders the offeror nonresponsible for award.

10. Questions regarding the above policy may be directed to the Acquisition Policy and Procedure Branch at (301) 496-6014.

NOTICES OF AVAILABILITY (RFPs AND RFAs)

SCHOOL-AGE FOLLOW-UP OF EXTRA CORPOREAL MEMBRANE OXYGENATION

REQUEST FOR INFORMATION SYNOPSIS NO. NIH-NINDS-90-001

P.T. 34; K.W. 0414013, 0785110

National Institute of Neurological Disorders and Stroke

The National Institute of Neurological Disorders and Stroke (NINDS) is interested in obtaining information to identify potential sources that might have capabilities to provide both extra corporeal membrane oxygenation (ECMO) survivor and control subjects for follow-up evaluation. We are interested in evaluation of two groups of survivors of neonatal respiratory dysfunction: those who were treated with ECMO and those who might reasonably have been considered for ECMO but did not receive it. An in-depth comparison of these two groups at school age would be made with regard to psychometric measures and neurologic examination. The NINDS is seeking to determine if appropriate populations exist to support such a study.

Specifically, information is requested to assess availability of the following populations on a yearly basis from 1981 through 1988:

1. The number of neonatal patients treated with ECMO in your institution.

2. The number of babies admitted to the neonatal Intensive Care Unit who were considered for ECMO, but not treated, and survived.

3. The number of children counted in item (2) who had conditions that would have disqualified them from ECMO therapy, (e.g., grade 2 or 3 intraventricular hemmorhage, severe congenital anomalies).

4. The number of survivors considered for ECMO but not treated with no disqualifying conditions, and the number of ECMO survivors whom you have continued to follow or for whom you could obtain a follow-up visit.

Responses to this request are not mandatory and are solicited on a voluntary basis. The Government does not intend to award a contract on the basis of responses nor to pay for the preparation of any information that may be submitted. This is not a Request for Proposals. If responses indicate that sufficient study populations are available, it is the intent of the NINDS to issue a solicitation for a follow-up study. Acknowledgment of receipt of responses will not be made, nor will respondents be notified of the Government's evaluation of the information received.

Responses should be identified with NIH-NINDS RFI Synopsis No. 90-001, and are due by October 15, 1990. Please submit three (3) copies of your response to:

Mr. Kirkland L. Davis
Contracting Officer
Contracts Management Branch
National Institute of Neurological Disorders and Stroke, NIH
Federal Building, Room 901
7550 Wisconsin Avenue
Bethesda, MD 20892

NEUROPSYCHOLOGICAL TESTING FOR CHILDREN AND ADULTS WITH HIV DISEASE

RFP AVAILABLE: NCI-CM-17529-41

P.T. 34, AA; K.W. 0715008, 0414000, 1002030

National Cancer Institute

The National Cancer Institute (NCI), Pediatric Branch, Clinical Oncology Program, Division of Cancer Treatment, seeks a Contractor to perform Neuropsychological Testing for Children and Adults with Human Immunodeficiency Virus (HIV) Infection. This will be accomplished through the use of Neuropsychological Evaluation Personality Assessment and structured standardized clinical interviews and observations. It is anticipated that each year there will be a total of 100 new pediatric and 25 new adult HIV patients to be evaluated, in addition to the 120 pediatric and 25 adult patients currently enrolled. Each patient will be evaluated four times a year: A complete evaluation at baseline, 6, and 12 months: a partial testing sequence for the second and fourth quarter evaluations. The contractor shall provide comprehensive, state-of-the-art neuropsychiatric evaluations of pediatric and adult NCI patients with HIV infection. The nature of the acquisition requires that the contractor have (or provide evidence they can establish prior to contract award) the ability to provide, within 24 hours, the personnel and material to accomplish the prescribed work. The Contractor must perform most of the required assessments and other work at the Clinical Center, National Institutes of Health, Bethesda, Maryland. It is anticipated that a cost-reimbursement, incrementally funded type contract will be awarded as a result of the Request for Proposals (RFP) for a period of 48 months. The RFP represents a recompetition of the project with the same title being performed by the Medical Illness Counseling Center.

RFP No. NCI-CM-17529-41 will be issued on approximately September 14, 1990, and responses will be due November 15, 1990.

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

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

REPOSITORY OF HUMAN DNA PROBES AND LIBRARIES

RFP AVAILABLE: NICHD-CRMC-90-27

P.T. 34; K.W. 0760053, 0780000

National Institute of Child Health and Human Development

The National Institute of Child Health and Human Development (NICHD) is seeking an organization to continue maintenance of a repository of human and mouse DNA probes and human libraries that was established in September 1985 as a centralized national and international resource providing a reliable and efficient means for researchers to exchange cloned human DNA. The repository is a central storage and processing facility where well characterized human DNA probes, collected from investigators in the scientific community, can be expanded, verified and stored in multiple samples for distribution to other investigators working in the research fields of genetics and human genetic research. Quality control is maintained and the probes deposited in this facility emphasize relevancy to human genetic disease. Representative chromosome-specific genes/probes are being acquired to span each individual chromosome and the probes represent important genes, polymorphisms, disease, and significant chromosomal locations for genetic linkage analysis. The NICHD wants continued support of this facility so that new technologies can be introduced that will allow characterization of genes identified with human genetic disease. An increase of 300 new human cDNAs per year and 200 mouse cDNAs per year for approximately 2,500 additional new probes will take about 5 years. The selected contractor will be expected to maintain and distribute the already existing inventory of 1,099 human and 65 mouse probes and cloned genes and 65 human libraries. This centralized resource will facilitate studies of a wide variety of human genetic diseases. It will also provide large overlapping sequences that will be prepared as large inserts in cosmic vectors that will aid the mapping and sequencing of the entire genome. Interaction among various government components will be necessary in order to accomplish this project.

This announcement is a recompetition for a repository of Human DNA Probes and Libraries. The issuance of this RFP will be on or about September 25, 1990 and proposals are due by 4:00pm (Local Time), December 11, 1990. Those organizations desiring a copy of the above RFP may send their written request to:

Mrs. Lynn Salo
NICHD, OGC, CMS
Executive Plaza North Bldg., Rm. 515
9000 Rockville Pike
Bethesda, MD 20892

To receive a copy of the RFP, please supply this office with two self-addressed mailing lables. All responsible sources may submit a proposal which will be considered. This advertisement does not commit the Government to award a contract.

MINORITY RESEARCH FELLOWSHIP IN PSYCHOLOGY
MINORITY RESEARCH FELLOWSHIP IN MENTAL HEALTH NURSING

RFA AVAILABLE: MH-90-21

P.T. 34, FF; K.W. 0720005, 0414000, 0715095, 0785130

National Institute of Mental Health

Application Receipt Date: January 10, 1991

The National Institute of Mental Health (NIMH) is issuing a dual announcement of a Minority Research Fellowship Program in Psychology and a Minority Research Fellowship Program in Nursing. Its purpose is to encourage applications designed to support the development and training of individuals in doctoral programs in psychology and mental health nursing to enable them to undertake active, productive careers in scientific investigations related to mental health and mental illness. The specific purpose of these awards is to ensure that minority investigators assume a prominent position among the next generation of the Nation's mental health researchers.

A Minority Research Fellowship grant may be made for a period of up to 5 years. It is anticipated that a single award of up to $350,000, pending availability of funds, will be granted in each of these disciplines in fiscal year 1991. Domestic public or private nonprofit institutions and scientific

organizations and associations may apply. NIMH will accept applications for these grants under the single receipt date of January 10, 1991. Selection for funding will be made after competitive review. Applicants are encouraged to contact Institute staff for information before applying for an award. Staff consultation on the Minority Research Fellowship Program in Psychology and the Minority Research Fellowship Program in Mental Health Nursing is available from:

Dr. Marion E. Primas
Acting Assistant Chief
Minority Research Resources Branch
Division of Biometry and Applied Sciences
National Institute of Mental Health
5600 Fishers Lane, Room 18-101
Rockville, MD 20857
Telephone: (301) 443-3724

ONGOING PROGRAM ANNOUNCEMENTS

PREVENTIVE CARDIOLOGY ACADEMIC AWARD

PA: PA-90-33

P.T. 34, FF; K.W. 0715040, 0745027, 0785025

National Heart, Lung, and Blood Institute

Application Receipt Date: December 7, 1990

Each year, the Division of Epidemiology and Clinical Applications (DECA) of the National Heart, Lung, and Blood Institute (NHLBI) invites national competition for Preventive Cardiology Academic Awards (PCAA). These awards have the dual purpose of improving the quality of preventive cardiology curricula and fostering research and careers in the prevention of heart disease.

Previously, any school of medicine or osteopathy in the United States and its possessions or territories was eligible to compete for a PCAA. Although past awards have been made to a diverse group of medical schools, competition for this PCAA announcement is limited to medical schools training a large percentage of underrepresented minorities or minority medical schools.

This year, the eligibility criteria for the PCAA program have been modified. Institutions responding to this announcement should be medical schools providing physician training to a significant number of underrepresented minorities or minority medical schools. Cardiovascular disease is the major cause of death for minorities in the United States and preventive strategies afford an important opportunity to improve the health status of minorities. Applicant institutions, therefore, must also demonstrate a commitment and sensitivity to preventive approaches that will address minority health.

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

DECA initiated the PCAA Program to provide a stimulus for development of a preventive cardiology curriculum in those schools that do not have one and to strengthen and improve the preventive cardiology curriculum in those schools that do. Awards provide support to individual faculty members for their educational development and for implementation or expansion of the curriculum in preventive cardiology.

Applications must be received by December 7, 1990, for review at the February, 1991 meeting of the National Heart, Lung, and Blood Advisory Council. Awards will be made with a July 1, 1991 start date. The project period of the PCAA must not exceed five years and each institution may receive the PCAA one time only. The number of new awards made will depend on the availability of funds. This is a reissuance of the thirteenth and final announcement for the PCAA program.

The PCAA program is intended to:

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

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

Associate Director
Clinical Applications and Prevention Program
Division of Epidemiology and Clinical Applications
National Heart, Lung, and Blood Institute
Federal Building, Room 5C-01
Bethesda, MD 20892
Telephone: (301) 496-1706 or 496-3503

This program of the NHLBI is identified in the Catalog of Federal Domestic Assistance No. 13.837. Awards will be made under the authority of the Public Health Service Act, Section 301 (42 USC 241) and administered under PHS grant policies and Federal Regulations, most specifically 42 CFR Part 52 and 45 CFR Part 74. This program is not subject to the intergovernmental review requirements of Executive Order 12372 or to Health Systems Agency Review.

*U.S.GOVERNMENT PRINTING OFFICE:1990-261-138:20013