NIH GUIDE for GRANTS and CONTRACTS

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Vol. 12, No. 1, January 28, 1983

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(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.

NOTICE

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WITHDRAWAL OF NIA SPECIAL INITIATIVE GRANTS ON AGING

NATIONAL INSTITUTE ON AGING

The National Institute on Aging (NIA) Special Initiative Grants for research on aging (R-21) announced in the NIH Guide for Grants and Contracts, Vol. 6, No. 21 and Vol. 7, No. 7, is withdrawn. The last receipt date for applications for this award is February 11, 1983.

The Institute has reassessed its support of the Special Initiative Grant and decided that program objectives can be accomplished by other mechanisms of support.

NOTICE

GERIATRIC MEDICINE ACADEMIC AWARD

NATIONAL INSTITUTE ON AGING

Effective immediately, the maximum amount that may be requested for a Geriatric Medicine Academic Awardee's (GMAA) salary is $30,000 per year. This applies to new GMAA applications, and competitive and noncompetitive renewal GMAA applications. This limit replaces the previous maximum of $25,000 for the awardee's salary support for this award.

NOTICE

REMINDER

SUBMISSION OF FORM HHS-596--PROTECTION OF HUMAN SUBJECTS: ASSURANCE/CERTIFICATION/DECLARATION

Under current policy, an applicant organization is responsible for certifying, on form HHS-596, that each non-exempt research activity relating to human subjects described in every application has been reviewed and approved by an Institutional Review Board, as required by 45 CFR 46. An HHS-596 form must be submitted with the application, as clearly indicated in the instructions for form 398 (see page 10 of instructions dated 5/82). However, if the institutional review is unavoidably delayed beyond the submission of the application, enter "pending" on the form HHS-596 and provide an explanation. A follow-up certification on another form HHS-596 must then be submitted and received within 60 days after the receipt date for which the application is submitted. Any modifications of the RESEARCH PLAN section of the application are to be submitted with the follow-up certification. If the certification is not received within this period, the application will be considered incomplete and will be deferred for a later review.

In the past, staff of the Division of Research Grants (DRG) tried to obtain from the principal investigator those HHS-596 forms that did not arrive within 60 days after the receipt date. However, due to limited personnel and heavy workloads, DRG can no longer carry out this practice. It is the responsibility of the principal investigator and the applicant organization to see that the HHS-596 form arrives in a timely manner.

In many instances, the forms arrive late because they are sent to the wrong office. Thus, when the HHS-596 form is not submitted with the completed application, it should be submitted to the Executive Secretary of the initial review group (IRG) to which the application has been assigned for review. Notification of IRG assignment is sent to the principal investigator, except in those instances where NIH is requested by the applicant organization to send notification to a designated official. If the assignment information is unknown at the time a separately-mailed HHS-596 form is submitted, it may be obtained by contacting the following:

Project Control Section
Referral Branch
Division of Research Grants
National Institutes of Health
Westwood Building - Room 253
Bethesda, Maryland 20505

Telephone: (301) 7324

NOTICE

STIPEND INCREASE FOR NRSA TRAINEES AND FELLOWS FOR FISCAL YEAR 1983

There will be a stipend increase for all National Research Service Awards (NRSA) for institutional trainees and individual fellows which is effective immediately for all appointments and awards made in Fiscal Year 1983 (October 1, 1982 - September 30, 1983). This increase will be provided on all grants and awards issued by the National Institutes of Health (NIH), Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA), and Health Resources and Services Administration (HRSA)/Division of Nursing. Awards issued for FY 83 prior to the date of this notice will be revised to provide for the new stipend levels. The NIH and the Division of Nursing will implement the stipend increase according to the following guidelines:

1. The 5% increase in stipend allowance is tied to the FY 1983 Budget and therefore should be extended to each trainee or fellow provided for in awards made on or after October 1, 1982. No adjustments will be made retroactively for trainees or fellows either appointed under previous fiscal year institutional NRSAs or included in previous fiscal year individual fellowship awards regardless of whether or not activated. These individuals will receive increased stipend levels associated with their appointments, if any, under FY 1983 awards or beyond.

2. Even though selective prior fiscal year awards may have funds available, those funds may not be used to adjust upward the stipend levels of National Research Service Awardees covered under awards issued prior to FY 1983.

ADAMHA will generally follow these guidelines but will notify their awardees regarding the specific plans for implementation.

The new stipend levels are as follows:

Years of Relevant Experience	New Stipend FY 1983
0	$14,040
1	14,736
2	15,468
3	16,236
4	17,040
5	17,892
6	18,780
7 or more	19,716
Predoctoral	5,292

This notice revises information previously published in the PHS Grants Policy Statement, December 1, 1982 and the NIH Guide for Grants and Contracts - Special Edition Vol. II, No. 7, June 18, 1982.

NOTICE

HIGHLIGHTS OF REVISED PHS GRANTS POLICY STATEMENT FOR NIH GRANTEES

The revised Public Health Service Grants Policy Statement (DHHS Publication No. (OASH) 82-50,000) was recently published and made available to all Public Health Service (PHS) grantee institutions.

The listing below represents an attempt by the National Institutes of Health (NIH) to highlight selective sections of the revised policy statement which we believe deserve particular attention by both NIH and grantee institution staff in regard to their specific applicability to NIH-supported grant programs. Also included are references to long-standing policies or procedures applicable to NIH grantees which are not covered in the PHS Grants Policy Statement.

Grants from the NIH are to be administered in compliance with the policies published by the PHS except where deviations or modifications have been approved by the Department of Health and Human Services or PHS on behalf of NIH. Such approved variations and any additional NIH implementing instructions or aspects peculiar to NIH will be published routinely in the NIH Guide for Grants and Contracts for distribution to all grantee organizations.

HIGHLIGHTS

1. Page 1 - Effective Date - The revised policy statement is applicable to budget periods beginning on or after December 1, 1982. The earlier PHS Grants Policy Statement, dated October 1, 1976, and the Addenda thereto, continue to apply to active budget periods which began prior to December 1, 1982.

2. Page 6 - Supplemental Applications for Administrative Increases to Meet Institution-Wide Increased Costs - The following long-standing NIH practice remains in force: Where the project is located in an organizational component that receives an NIH Biomedical Research Support Grant, no supplemental funds will be provided by NIH for administrative increases which take effect during a current budget period (such as for funds to cover such increases may be included in the next application for non-competing continuation support.

3. Page 19 -Application Receipt - The Department of Health and Human Services (DHHS) has approved a deviation from the postmark date requirement for grant applications processed through NIH's Division of Research Grants (DRG). The DRG system requires that applications must be received by the published application receipt dates. A package carrying a legible proof-of-mailing date assigned by the carrier, and which is no later than one week prior to the receipt date, is also acceptable. If the receipt date falls on a weekend, it will be extended to Monday; if the date falls on a holiday, it will be extended to the following work day. The receipt date will

be waived only in extenuating circumstances. To request such a waiver, include an explanatory letter with the signed completed application. No waiver will be granted prior to receipt of the application.

4. Page28 - Alteration and Renovation - The ceiling amount chargeable to PHS grants for any single alteration and renovation project has been raised from $75,000 to $100,000.

5. Page 32 - Entertainment - As cross-referenced to Meals (page 34), deals with unallowability of meals, beverages, etc. in the context of entertainment or social activities.

6. Page 34 - Preaward (Prearrangement) Costs - A new cautionary statement has been added at the end of this section concerning the exercising of this flexibility.

7. Page 34 - Publication Costs - The conditions for paying for page charges in professional journals have been reduced from six to two and eliminates the non-profit requirement for journal publication. Note also the statement regarding the purchase of coverless reprints.

8. Page 35 - Relocation Costs - A new statement has been added at the end of this section addressing the unallowability of personal relocation expenses in change of grantee institution situations.

9. Page 36 - Sabbatical Leave - A new statement has been added at the end of this section concerning 100% maximum compensation for combinations of sabbatical leave allowances and other sources of support (e.g., partial salary from a PHS grant).

10. Pages 36-37 - Salaries and Wages - Although not included in the revised policy statement, DHHS and PHS have assured NIH that there is no intention of changing the following long-standing policy applicable to all research or academic career awards issued by NIH: Funds budgeted in an NIH-supported research or training grant for an individual's salary and/or fringe benefits, but freed as a result of funding a research or academic career award for that individual, may not be used for any other purpose except when the individual no longer participates in the grant supported activity and another individual replaces him/her and requires comparable remuneration. It is incument upon the awardee to inform NIH of any and all research or training salary support freed by a research or academic career award.

11. Pages 39-40 - Travel - For educational institutions only, prior approval for each separate foreign trip is now delegated to the grantee's Institutional Prior Approval System rather than the PHS awarding unit.

12. Page 44 - Methods for Grantees to Request Approvals - A change has been made concerning retroactive approvals for those situations where such approval is required after the period of active PHS grant support. In that circumstance, only PHS awarding unit officials may authorize retroactive approvals, even though the Institutional Prior Approval System originally was delegated the prior approval authority.

13. Page 48 - Grant Related Income - Unless otherwise specified in an award notice, grant related income will be deducted from total allowable costs. Awarding units may, upon request, make changes to other available alternatives with a specific term on the Notice of Grant Award, even during the current budget period.

14. Page 49- Surplus Property - Although not a new provision, the statement concerning the unallowability of providing PHS grantees with excess Federal property has been added to this policy document. Technically, the paragraph which addresses this should be separately headed "Excess Federal Property" as distinct from "Surplus Property."

15. Page 57 - Grant Appeals Procedures - Reference is made to PHS having established a first line of appeal which must be exhausted before an appeal may be made to the DHHS Grant Appeals Board. For NIH grantees, the first line of appeal is the NIH Grant Appeals Board.

16. Page 88 - Appendix VII - A statement has been introduced indicating that PHS will not compensate foreign grantees for currency exchange fluctuations through the issuance of supplemental awards.

17. Pages 90-91 - Appendix VIII - An unequivocal statement is included regarding no indirect costs being provided to Federal grantees nor are Federal grantees required to cost share. A change has been made allowing equipment items costing $1,000 or more originally acquired by the Federal grantee to be transferred to another institution in approved change of grantee institution situations.

18. Page 92 - Appendix IX - This section pertains to for-profit organizations and cites exceptions or differences to usual administrative requirements (e.g., equipment title; single method of cost sharing). Neither here nor elsewhere in this policy document will you find any reference to prior approval authorities for for-profit organizations. To date, PHS has not vested for-profit organizations with the Institutional Prior Approval System or its equivalent; thus, for this class of grantee the awarding unit must, for the present, review all requests that require prior approval.

Note

NIH has recently conferred with PHS concerning the few discrepancies and errors contained in the 1982 edition of the PHS Grants Policy Statement, and learned that PHS will be publishing an addendum which addressess those matters. Further, PHS soon will be issuing a number of Grants Administration Manual chapters which will amplify/clarify a variety of subjects covered in the revised policy statement.

Examples of some of the items to be covered in the PHS addendum are:

1. Page 3 - Glossary. Federal Institution - "Federal hospitals, such as VA hospitals" are not to be excluded from the definition of a Federal institution. Accordingly, as Federal institutions, VA hospitals are subject to

the policies stated in Appendix VIII (pages 90-91). For example, PHS grants made directly to VA hospitals (as with any Federal institution) will not include any indirect cost allowance.

2. Page 7 - A Non-Competing Extension - In the first pargraph, reference to administrative approval by the "Grants Management Officer or the PHS awarding office" should read of the PHS awarding office."

3. Page 32 - Equipment Purchase - The requirement that "PHS awarding office prior approval" be obtained for the purchase of special-purpose equipment costing $1,000 or more per unit is part of a general statement on the subject of equipment purchases and associated prior approvals. The later more-specific material on PRIOR APPROVAL AUTHORITIES (page 45) continues to reflect the long-standing policy which indicates that the method for obtaining such prior approval has, in most cases, been delegated to the grantee institution for treatment under an Institutional Prior Approval System. However, private non-profit grantee institutions other than colleges, universities, hospitals, research institutes and research foundations, must obtain prior approval from the Grants Management Officer of the PHS awarding office for all proposed actions for which prior approval is required.

4. Page 81 - Appendix IV - Reference in the chart to "Appendix B" should instead read "Appendix II."

REQUEST FOR RESEARCH GRANT APPLICATIONS: RFA

NIH-NIAID-83-1

ASTHMA AND ALLERGIC DISEASE CENTERS AND ASTHMA AND

ALLERGIC DISEASE CENTERS FOR IMMUNODERMATOLOGIC STUDIES

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

Application Receipt Date: October 15, 1983

I. BACKGROUND INFORMATION

The National Institute of Allergy and Infectious Diseases (NIAID) invites applications for grants to be initiated during FY 1984 for participation in the ongoing Asthma and Allergic Disease Centers (AADC) programs.

The Allergy and Clinical Immunology Branch of the Immunology, Allergic, and Immunologic Diseases program of NIAID sponsors fundamental and clinical research grants and contracts and the procurement and application of research resource and reference reagents concerned with asthma, allergic and immunologic diseases and with relevant mechanisms of hypersensitivity and inflammation. This request for applications is intended to encourage the development of proposals from clinical investigative groups meeting the criteria and requirements for an AADC and to coordinate the submission of new and renewal applications providing equitable opportunity for both to compete for funds currently available for this programmatic activity.

Since its inception in 1971, the AADC program has progressively expanded with the gradual addition of new Centers on an open application basis. In accordance with established policy announced in the NIH Guide for Grants and Contracts, Vol. 7, No. 8, p.1, June 9, 1978, proposals for AADCs are received only periodically and at designated times. Applications for both renewal of existing AADCs and creation of new Center programs will be expected to compete for funds available through the periodically announced awards.

The AADC program currently consists of 17 centers. It should be emphasized that within the AADC program, two immunodermatology centers were awarded in 1980. These are now part of the overall program and are subject to competitive renewal. During FY 1984, two Centers are scheduled to terminate and may compete for renewal.

This program is described in the Catalog of Federal Domestic Assistance No. 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 (Public Law 78-410, as amended; 42 USC 241) and administered under Public Health Service grant policies and Federal Regulation 42 CFR Part 74. This program is not subject to A-95 Clearinghouse or Health Systems Agency review.

NIAID's fundamental objective in continuing the AADC program remains unchanged: acceleration of the application of emerging knowledge on the immune system and from relevant biomedical sciences to clinical investigations concerned with asthma, allergic diseases, and hypersensitivity disorders. Especially sought as the requisite factors within a participating institution are quality research in (a) basic science(s), (b) clinical investigation supported by adequate clinical facilities, staff expertise in diagnosis and management of asthmatic and allergic patients, and (c) access to (an) appropriate patient population(s) within a suitable academic/investigative setting designed to favor multidisciplinary interaction.

II. RESEARCH GOALS AND SCOPE

A. There should be indication by the sponsoring university or medical institution of willingness and preparedness to commit resources to ensure development, operation, support, and function of the proposed Center in devoting its efforts to an identified study on asthma and/or allergic disease as a fundamental prerequisite.

B. The applicant's achievements in basic science research should have reached that stage of development where experimental leads are sufficiently encouraging to warrant transition from promising laboratory findings to corresponding investigations at the clinical level with the ultimate goal of developing new and improved methods for diagnosis, prevention, and treatment of asthma and/or the other allergic diseases.

C. A prospective Center should be in a position to present evidence of experience, orientation, laboratory and clinical facilities, scientific and professional staff, support personnel and the expertise to design proposals, execute protocols representing a multifaceted long-term approach, and bring diverse institutional strengths to bear upon the study of major problems in asthma, other allergic diseases and/or pathophysiologic mechanisms underlying these disorders.

D. Suitable subjects for study within the provision of this program may include those relevant to:

1. asthma and its multifactoral aspects;

2. atopic diseases (e.g., allergic rhinitis, urticaria, atopic dermatitis);

3. identification, isolation, and characterization of etiologic agents of allergy (e.g., drugs, chemicals, foods, airborne allergens);

4. pathologic expressions, pathophysiologic mechanisms, and genetic factors of allergic disease and allergic inflammation;

5. immune mechanisms and agents of immediate hypersensitivity and of related hypersensitivity manifestations of antigen-antibody reactions of cell mediated immunity (e.g., hypersensitivity pneumonitis, allergic dermatitis, vasculitis, allergic gastroenteritis, drug reactions) and the development of corresponding improved diagnostic materials and methods;

6. immunopharmacology, immunotherapy, and the development of specific pharmacologic agents designed for prevention and treatment of asthma and the other allergic diseases.

7. immunodermatologic studies; the role of hypersensitivity and immune-related inflammatory mechanisms has become increasingly evident in disorders of the skin. The recognition of the socio-economic impact of allergic skin disorders has provided another stimulus to further major efforts in this field. Clinical immunologists are in a position to take advantage of the ready access of the skin for in vivo studies of immune mechanisms operative in both local lesions and systemic immunopathologic disease with manifestations at cutaneous sites. NIAID views which favor the entrance of researchers from immunobiology, immunochemistry, and immunogenetics into clinically relevant studies leading to advances in the diagnosis, prevention, and treatment of allergic and immunologic diseases. These studies in skin diseases may be conducted at an AADC with special emphasis on immunodermatology.

E. Study of animal models will be considered acceptable as a partial segment or adjunct to a Center's program only if this line of research is applicable to the character of the primary investigation of asthma or the human allergic disease central to the proposal.

F. Designation of a Center Director should be based upon accomplishment and experience as a senior scientist and ability to assume both leadership of the investigative group and responsibility for scientific, professional, and administrative functions.

G. More than one delineated avenue of research may be pursued within a Center with provision for unified operation and coordination of component projects and collaborative investigators.

H. A Center should not rely upon its ability to conduct research activity solely within the confines of a single discipline, but rather should have established the associations to involve participation by workers in the pertinent biomedical fields and medical specialties allied to asthma, allergy, and clinical immunology (e.g., immunobiology, biochemistry, microbiology, biostatistics, bioinstrumentation and computer science, and the clinical subspecialities, e.g., dermatology, rheumatology, infectious diseases, pulmonary medicine, hematology, otorhinolaryngology, when a high degree of relevance to immunology exists.

I. The Center Director will be expected to communicate freely with the NIAID and other designated Centers for effective exchange of new information, to interact with scientists working in other Centers on related investigative problems, and to present progress reports and share experimental data with other Centers through exchanges and attendance at NIAID sponsored meetings of study group and AADC workshops.

III. MECHANISM OF SUPPORT

In fiscal year 1984, the NIAID plans to fund at least two new or competing renewal AADC applications. Each grant will have a duration of not more than five years.

Funding beyond the first year of the grant will be contingent upon satisfactory progress during the preceding year and availability of funds.

The receipt date for applications will be October 15, 1983. They will undergo initial review in February-March 1984, and subsequent review by the National Advisory Allergy and Infectious Diseases Council in May 1984. September 1, 1984 will be the earliest starting date for successful applicants.

Grant funds may be utilized to support the research activities of scientific and professional personnel, consultation 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 Center. However, moderate alterations or renovations to enhance clinical facilities may be allowed if they are necessary to meet objectives of the Center's program.

Only those institutions that can demonstrate expertise in both basic and clinical areas and can direct their resources toward a multifaceted attack on asthma or the other allergic diseases can be supported under the provisions of the AADC program.

IV. LETTER OF INTENT

Prospective applicants are encouraged to submit to the Chief, Allergy and Clinical Immunology Branch, NIAID, a one-page letter of intent that includes a brief synopsis of the proposed research and identification of any other participating institutions. The Institute requests such letters for the purpose of providing an indication of the number and scope of applications to be received. A letter of intent is not binding, it will not enter into the review of any application subsequently submitted, and is not a necessary requirement for application.

Inquiries should be directed to:

Dr. Robert A. Goldstein
Chief, Allergy and Clinical Immunology Branch
Immunology, Allergic and Immunologic
Diseases Program
National Institute of Allergy and
Infectious Diseases
National Institutes of Health
Westwood Building - Room 755
Bethesda, Maryland 20205

Telephone: (301) 496-7104

V. REVIEW PROCEDURES AND CRITERIA

These are outlined in the NIAID Information Brochure on Program Projects (see "METHOD OF APPLYING" below).

VI. CONSEQUENCES OF LACK OF RESPONSIVENESS TO THE RFA OR 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 October 15, 1983, will not be accepted for review and will be returned to the applicant.

VII. METHOD OF APPLYING

Before preparing an application, the prospective applicant should request a copy of the NIAID Information Brochure on Program Projects from:

Dr. Nirmal Das
Executive Secretary
Allergy, Immunology and Transplanation
Research Committee
National Institute of Allergy and
Infectious Diseases
National Institutes of Health
Westwood Building - Room 706
Bethesda, Maryland 20205

Telephone: (301) 496-7966

The Information Brochure contains special instructions for preparing program project grant applications, review procedures and criteria, and other important information.

Use the standard research grant application form PHS 398 (Rev. 5/82). In addition to following accompanying format instructions for the development of a Center application, include expanded material listed above under the eight points for the "letter of intent." For purposes of identification and processing, the words "ASTHMA AND ALLERGIC DISEASE CENTER" 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
Westwood Building - Room 448
Bethesda, Maryland 20205

Forward the complete application to:

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

Please forward a copy (not the original) of the cover letter and the application face page to:

1. Dr. Robert A. Goldstein, in order to alert NIAID to the submission of the proposal, and

2. Chief, Program and Project Review Branch
National Institute of Allergy and
Infectious Diseases
National Institutes of Health
Westwood Building - Room 703
Bethesda, Maryland 20205

ANNOUNCEMENT

COTTON-TOPPED MARMOSET COLONY

NATIONAL CANCER INSTITUTE

This announcement is being issued to inform investigators of the availability of a colony of cotton-topped marmosets Saguinus oedipus oedipus and a holding facility for experimental animals where researchers can conduct cancer research.

The Biological Carcinogenesis Branch, Division of Cancer Cause and Prevention, supports a colony of cotton-topped marmosets Sanguinus oedipus oedipus at Oak Ridge Associated Universities (ORAU) under NCI contract N01-CP2-1004. Under the contract, ORAU operates a breeding colony of cotton-topped marmosets; operates a containment holding facility that houses experimental marmosets; and provides experienced professional and technical personnel who will work with investigators to carry out their protocols. The individual investigators request animals and services to conduct studies on cancer research. In return the researchers will be charged a per diem cost of $1.78 per day for adults and $16.50 for experimental newborns held in the nursery. This fee includes housing the animal, collection of specimens and minor surgery. Other services available for a fee are biopsy, necropsy, bone marrow differential count, blood chemistry profile and individual blood chemistry tests.

Investigators interested in making use of this service should contact:

Dr. Harry Walburg
Director, Comparative Animal Research Laboratory
Oak Ridge Associated Universities
P.O. Box 117
Oak Ridge, Tennessee

Telephone: (615) 576-4000

ANNOUNCEMENT

TRANSFUSION MEDICINE ACADEMIC AWARDS

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

Application Receipt Date: May 1, 1983

The Division of Blood Diseases and Resources (DBDR), National Heart, Lung, and Blood Institute (NHLBI), announces a national competition for Transfusion Medicine Academic Awards to encourage the development of a teaching focus in transfusion medicine and to further the development of trained personnel who can serve the research and clinical needs of transfusion medicine. Each school of medicine or osteopathy in the United States or its possessions and territories is eligible. (Awards are limited to one for each eligible school, for a project period of up to five years, and are not renewable.)

For the purposes of the Tranfusion Medicine Academic Award, the term "transfusion medicine" is used to define a multidisciplinary area concerned with the proper use or removal of blood and its components in the treatment or prevention of disease states (other than in renal hemodialysis).

The DBDR is initiating the Transfusion Medicine Academic Award Program to encourage the coordination of subject matter for teaching programs in transfusion medicine. Presently, there is rarely a formal mechanism whereby teaching, clinical, and research responsibilities in transfusion medicine can be coordinated by knowledgeable professionals into programs. These components of transfusion medicine are usually dispersed among basic and clinical science disciplines and among activities of the local transfusion services or blood center facility. The teaching of transfusion medicine may not require additional curriculum time. Existing teaching materials (components of other disciplines) may be coordinated into an overall program and organized to focus on emerging and important areas of transfusion medicine. Some schools may find it desirable to assemble the appropriate components into a specific transfusion medicine unit. Others may wish to retain the transfusion medicine discipline as part of another major clinical or laboratory department. Awards provide support to experienced investigator-faculty members, who are skilled organizers and negotiators, for their educational development in transfusion medicine and for implementation of the transfusion medicine curriculum.

This program is described in the Catalog of Federal Domestic Assistance No. 13.839, Blood Diseases and Resources. Awards will be made under the authority of the Public Health Service Act, Title III, Section 301 (Public Law 73-410, 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.

This award is intended to:

- o encourage the development of effective multidisciplinary curricula in transfusion medicine that will attract outstanding students to transfusion research and clinical practice;
- o attract and develop faculty who will have a major commitment to research and teaching in transfusion medicine;
- o attract promising young physicians and scientists into careers in clinical and research aspects of transfusion medicine;
- o facilitate interchange of information and educational techniques among research, medical, and blood service communities; and
- o develop, at the grantee institution, the ability to continue to improve the transfusion medicine program, with local funds, subsequent to the award.

Applications must be received by May 1, 1983, for review of the September 1983 meeting of the National Heart, Lung, and Blood Advisory Council. Awards will be made by September 30, 1983 at the earliest.

To receive a copy of the Program Guidelines, please contact:

Fann Harding, Ph.D.
National Heart, Lung, and Blood Institute
National Institutes of Health
Federal Building - Room 5A08
Bethesda, Maryland 20205

Telephone: (301) 496-1817

ANNOUNCEMENT

SCHOOL HEALTH PROMOTION AND CARDIOVASCULAR HEALTH OF CHILDREN AND ADOLESCENTS

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

The Preventive Cardiology Branch (PCB) of the National Heart, Lung, and Blood Institute (NHLBI), encourages interested investigators to submit research grant applications in the area of demonstration and education research in cardiovascular school health promotion. The proposed research should address the identification of precursors and determinants of the development and maintenance of behaviors in children and adolescents conducive to cardiovascular health (sound nutrition, non-smoking, physical activity, and other areas).

Cardiovascular disease continues to be the leading cause of death in the United States, although there has been a downward trend in age adjusted mortality for coronary heart disease and stroke. Individual lifestyles are associated with characteristics which increase the risk of cardiovascular diseases. For example, cigarette smoking is strongly associated with coronary heart disease. Obesity is correlated with development of hypertension, hyperlipidemia, and diabetes. A diet high in saturated fats, cholesterol, and calories is correlated with hyperlipidemia and excess consumption of calories and physical inactivity usually results in overweight.

The problem of cardiovascular disease is not solely a problem of the adult population. The atherosclerotic process may begin in childhood in susceptible individuals and progress during adolescence and young adulthood even though serious clinical manifestations usually do not appear until middle age or later. Efforts to prevent or retard this process may, therefore, be directed at children as well as adolescents and adults.

This comprehensive school health program is one approach for investigating the determinants of good cardiovascular health habits and their maintenance in early preschool through high school age groups. During the early years health behavior, in general, is influenced predominantly by the family within a social environment. As children mature, they are influenced by a more complex set of factors such as peers, society, media, and school programs. A comprehensive school health program consists of school health education*, school health services, school health environment, and the interaction with community agencies and families. While some examples of good school

This program is described in the Catalog of Federal Domestic Assistance No. 13.837, Heart and Vascular Diseases Research. Awards will be made under the authority of the Public Health Services Act, Title III, Section 301 (Public Law 73-410, 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.

*Health Education
Any combination of learning opportunities designed to facilitate voluntary adaptions of behavior (in individuals, groups, or communities) conducive to health.

health programs exist in the country, the area of comprehensive school health programs and school health promotion* need further research to maximize the potential for encouraging children and adolescents to develop healthy cardiovascular lifestyles.

The objective of this program announcement is to encourage research activities into factors which may have a significant contribution to the role of school health promotion and the adoption of behaviors conducive to good cardiovascular health in children and adolescents. The following areas of research are of major interest:

1. Identification and evaluation of the interactive effects of the major variables that might be determinants of the development of cardiovascular health behaviors in children and adolescents. Some of the variables that might be assessed in the interactive models are the school health curriculum, the school health enviornment, school health services and school food service programs, as well as the influence of teachers, families, peers, media, and relevant community organization and services.

2. Identification and evaluation of the developmental stages for the acquisition of positive and negative cardiovascular health behaviors and the optimal age groups and health education strategies for teaching health education related to the major cardiovascular health areas and for reinforcement for maintenance of behaviors.

3. Investigation of the predisposing, enabling, and reinforcing factors that influence cardiovascular-related health behaviors for specific populations of children and adolescents that may be high risk groups.

4. Determination and evaluation of the significant variables related to the diffusion and implementation of cardiovascular health promotion programs in schools and analysis of the effectiveness and cost of the dissemination.

5. Develoment of new instruments or validation of existing methods for assessing knowledge, attitudes, and behaviors related to cardiovascular health areas for the different age groups of children and adolescents.

This list is intended to provide examples only and does not preclude the submission of applications involving other research approaches which may have importance for cardiovascular school health promotion.

Investigators may study the role of one or more factors in the promotion of cardiovascular healthful lifestyles. However, since prevention in this area is a multi-faceted problem, investigators are encouraged to study the implications of several interacting factors for prevention activities. Innovative designs may be able to be used with relatively small-scale studies in which there has been careful selection of variables and study participants with a well-developed conceptual framework. These suggestions are not intended to limit research designs or the scale of the studies, but to stress that

*Health Promotion
Any combination of health education and related organizational, political, and economic interventions designed to facilitate behavior and environmental adaptions that will improve or protect health.

careful attention be paid to the study design. Investigators are encouraged to use interdisciplinary approaches for their proposed research. The investigators should demonstrate an indepth knowledge of the state-of-the-art research in the areas of cardiovascular health as it relates to the research population. If self report instruments are used, the study design should include biochemical or physiological measurements to increase the validity of self-report data. The study design may be descriptive, correlational, experimental, or a combination of several types of research designs as appropriate for the research proposed.

I. MECHANISMS OF SUPPORT

Support for this research is available through investigator initiated research grants.

II. REVIEW PROCEDURES AND CRITERIA

A. Review Method

Applications sent in response to this program announcement will be reviewed in accordance with the NIH peer review procedure. If an application submitted in response to this program announcement is identical to a research grant application already submitted to the National Institutes of Health (NIH) for review, the applicant will be asked to withdraw either the pending application or the new one. Simultaneous submission of identical applications will not be allowed.

B. Review Criteria

The criteria for review are the traditional considerations underlying scientific merit which include adequacy and appropriateness of the application; training, experience, and research competence of the investigator(s); the adequacy of the research design; description of the research population; rationale for method of sampling; definition of the variables; the suitability of the facility; evidence of the likelihood of access to and cooperation from the participant population, and the appropriateness of the requested budget relative to the work proposed.

III. METHOD OF APPLYING

A. Letter of Intent

Applicants are encouraged to submit a letter of intent at least 45 days prior to formal submission of an application. Include the name of the principal investigator, institution address, an abstract of the proposed research, and indicate that the application is in response to this announcement. The Institute requests such letters for the purpose of providing an indication of the number and scope of applications to be received. A letter of intent is not binding, and it will not enter into the review of any application subsequently submitted, nor is it a necessary requirement for application. The letter of intent and requests for additional information should be sent to:

Dr. Elaine J. Stone
Preventive Cardiology Branch
Division of Heart and Vascular Diseases
National Heart, Lung, and Blood Institute
Federal Building - Room 6A12
Bethesda, Maryland 20205

Telephone: (301) 496-2465

B. Application Procedure

Receipt dates for applications submitted in response to this announcement are the usual dates for investigator-initiated research grant applications of March 1, July 1, and November 1. Grant applications should be submitted on form PHS 398 (Rev. 5/82). If these forms are not available in the business or grants and contracts office of your institution, copies may be obtained from:

Office of Grants Inquiries
Division of Research Grants
National Institutes of Health
Bethesda, Maryland 20205

Telephone: (301) 496-7441

In order to identify the application as a response to this program announcement check "yes" on Item 2 of the application face page and enter the title "SCHOOL HEALTH PROMOTION AND CARDIOVASCULAR HEALTH." Attach a cover letter indicating that this application is in response to this announcement. The original application and six copies with the cover letter should be submitted to:

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

An additional copy of the application should be mailed to Dr. Elaine J. Stone.

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