

NIH GUIDE

For Grants and Contracts

NOTICE OF MAILING CHANGE

Check here if you wish to
discontinue receiving this
publication

Check here if your address has
changed and you wish to con-
tinue receiving this publication.
Make corrections below and
mail this page to:

NIH Guide
Printing & Reproduction Branch
National Institutes of Health
Room B4BN08, Building 31
Bethesda, Maryland 20892

U.S. DEPARTMENT OF HEALTH
AND HUMAN SERVICES

OFFICIAL BUSINESS
Penalty for Private Use, \$300

The NIH Guide announces scientific
initiatives and provides policy and
administrative information to indivi-
duals and organizations who need to
be kept informed of opportunities,
requirements, and changes in extra-
mural programs administered by the
National Institutes of Health.

Vol. 18, No. 28
August 18, 1989

First Class Mail
Postages & Fees Paid
PHS/NIH/OD
Permit No. G-291

NOTICES

DRG'S GRANTS INQUIRIES ON-LINE SYSTEM 1
Division of Research Grants
Index: DIVISION OF RESEARCH GRANTS

PITTSBURGH SUPERCOMPUTING CENTER BIOMEDICAL WORKSHOP ON
SUPERCOMPUTING TECHNIQUES 2
Division of Research Resources
Index: RESEARCH RESOURCES

REVISIONS IN THE SALARY SCHEDULE FOR ADAMHA RESEARCH CAREER AWARDS 2
Alcohol, Drug Abuse, and Mental Health Administration
Index: ALCOHOL, DRUG ABUSE, MENTAL HEALTH

CLARIFICATION OF THE ANIMAL FACILITIES IMPROVEMENT PROGRAM 3
Division of Research Resources
Index: RESEARCH RESOURCES

DATED ANNOUNCEMENTS (RFPs AND RFAs)

TECHNICAL, ANALYTICAL, AND DOCUMENTATION SUPPORT SERVICES FOR THE
NATIONAL HEART, BLOOD VESSEL, LUNG, AND BLOOD DISEASES AND BLOOD
RESOURCES PROGRAM (RFP) 3
National Heart, Lung, and Blood Institute
Index: HEART, LUNG, BLOOD

INTERVENTION RESEARCH IN HISPANIC POPULATIONS (RFA) 4
National Cancer Institute
Index: CANCER

ONGOING PROGRAM ANNOUNCEMENTS

RESEARCH ON URINARY INCONTINENCE AND OTHER URINARY DYSFUNCTION IN
OLDER PERSONS 5
National Institute on Aging
Index: AGING

SMALL GRANTS TO FACILITATE USE OF NEW TECHNIQUES BY RESEARCHERS IN
DIABETES, ENDOCRINOLOGY AND METABOLISM 7
National Institute of Diabetes and Digestive and Kidney Diseases
Index: DIABETES, DIGESTIVE DISEASES, KIDNEY DISEASES

SOCIAL SUPPORT AND CARDIOVASCULAR DISEASE10
National Heart, Lung, and Blood Institute
Index: HEART, LUNG, BLOOD

BEHAVIORAL, ETIOLOGIC AND PHYSIOLOGIC ASPECTS OF STUTTERING11
National Institute on Deafness and Other Communication Disorders
Index: DEAFNESS, COMMUNICATION DISORDERS

ERRATA

"OTHER SUPPORT" IN PHS GRANT APPLICATIONS
PHS GRANT APPLICATION FORM 398 - REMINDERS
PHS 398 MISCONDUCT IN SCIENCE ASSURANCE
INCLUSION OF MINORITIES IN STUDY POPULATIONS
INCLUSION OF WOMEN IN STUDY POPULATIONS13
Alcohol, Drug Abuse, and Mental Health Administration
Index: ALCOHOL, DRUG ABUSE, MENTAL HEALTH

NOTICES

DRG'S GRANTS INQUIRIES ON-LINE SYSTEM

P.T. 16; K.W. 1004008, 1014006

Division of Research Grants

NIH's Division of Research Grants (DRG) now has an on-line system--Grants Inquiries On-line--that provides for accessing electronically those NIH and Alcohol, Drug Abuse, and Mental Health Administration extramural program guidelines that are available in printed form from DRG's Office of Grants Inquiries (OGI). The system file is now available to the scientific community through the BITNET node. As of August 1, 1989, the following data sets are available on the file:

Index for grants Inquiries.Online [PDS]

Combined Files, Revised August 1, 1989 [COMBFILE]

The Clinical Investigator Awards (K08)-Guidelines and Supplemental Instructions, April 1988 [CIA]

Guidelines for Establishing and Operating Consortium Grants, January 1989, [CONSORT]

National Research Service Awards for Individual Fellows (F32) Guidelines, Revised May 1, 1989 [F32]

National Research Service Awards for Senior Fellows (F33) Guidelines, Revised April 15, 1989 [F33]

National Research Service Awards for Institutional Grants (T32)-Guidelines and Instructions, Revised April 1, 1989 [T32]

The Physician Scientist Awards, Individual (K11) and Program (K12)-Guidelines and Supplemental Instructions to PHS 398, Revised April 15, 1988 [PSA]

The Research Career Development Award (K04)-Guidelines and Instructions, Revised April 1989 [K04]

Support of Scientific Meetings-Meetings(R13)-Special Information and Instructions, Revised August 1988 [R13]

Small Grants Program (R03)-Guidelines and Participating NIH Institutes, Revised August 1988 [R03]

BITNET Electronic Transfer

To participate in the BITNET electronic transfer system, individuals are asked to provide the name, title, telephone number, and BITNET address to the Project Director below. Initially, requestors will be sent the OGI ONLINE combined file. OGI ONLINE will be updated regularly at least once a month. Those with BITNET addresses will automatically be sent an updated version at the time of update.

Questions may be directed to:

Ms. Sue Meadows
Project Director
BITNET Node Address:
NXM@NIHCU

Office of Grants Inquiries
Division of Research Grants
Westwood Building, Room 449
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 496-7441

PITTSBURGH SUPERCOMPUTING CENTER BIOMEDICAL WORKSHOP ON
SUPERCOMPUTING TECHNIQUES

P.T. 42; K.W. 1004000, 0780018

Division of Research Resources

The Pittsburgh Supercomputing Center (PSC) is conducting a five-day workshop on supercomputing techniques for biomedical researchers December 4-8, 1989. This workshop is funded by a grant from the Division of Research Resources' Biomedical Research Technology (BRT) Program of the National Institutes of Health (NIH).

The workshop is aimed at experienced FORTRAN programmers, but prior supercomputing experience is not necessary. The topics include an introduction to VMS (half-day, optional), the Cray-Vax interface, the UNICOS operating system, optimization techniques, an overview of available biomedical software and a description of access paths to the PSC.

Travel, meals, and hotel accommodations are covered for U.S. academic participants under the grant. Enrollment is limited to 20 participants. THE DEADLINE FOR SUBMISSION OF APPLICATIONS IS OCTOBER 13, 1989.

For application forms and further information, call or write to:

Cherolyn A. Brooks
User Services
Pittsburgh Supercomputing Center
4400 Fifth Avenue
Pittsburgh, Pennsylvania 15213
Telephone: (412) 268-5206, or 1-800-222-9310 (Pennsylvania)
1-800-221-1641 (outside Pennsylvania)

REVISIONS IN THE SALARY SCHEDULE FOR ADAMHA RESEARCH CAREER AWARDS

P.T. 34; K.W. 1014006

Alcohol, Drug Abuse, and Mental Health Administration
National Institute on Alcohol Abuse and Alcoholism
National Institute on Drug Abuse
National Institute of Mental Health

Beginning with awards made from Fiscal Year 1990 funds (i.e., awards made after October 1, 1989), the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) will raise the salary limit on all research career awards. This will include competing and noncompeting awards for the following funding mechanisms:

Research Scientist Development Award, Level I*	K01
Research Scientist Development Award, Level II	K02
Research Scientist Award	K05
NIMH Academic Awards	K07
NIMH Clinical Investigator Award*	K08
NIMH Physician Scientist Award*	K11
Scientist Development Award for Clinicians	K20
Scientist Development Award	K21

Under the new policy, ADAMHA will provide an amount equal to 100 percent of the candidate's base institutional salary up to a maximum of \$45,000, or for base institutional salaries higher than \$60,000, ADAMHA will provide an amount equal to 75 percent of the candidate's base institutional salary up to a maximum of \$75,000. Based on this policy, ADAMHA's contribution to the salary will be calculated using the following table:

Base Institutional Salary Adjusted for Percent Time Dedicated to the Grant	ADAMHA Contribution
Up to \$45,000	100 percent of the Institutional Salary
\$45,001-\$60,000	\$45,000
\$60,001 and above	75 percent of the Institutional Salary up to a Maximum of \$75,000

The calculation of the ADAMHA's contribution includes an adjustment of the base institutional salary to incorporate the percentage time the candidate proposes to devote to the grant.

* No new K01, K08 or K11 awards will be made after Fiscal Year 1989.

CLARIFICATION OF THE ANIMAL FACILITIES IMPROVEMENT PROGRAM

RFA 89-RR-02 - DEVELOPING AND IMPROVING INSTITUTIONAL ANIMAL RESOURCES

RFA 89-RR-03 - ANIMAL FACILITY IMPROVEMENTS FOR SMALL RESEARCH PROGRAMS

P.T. 34; K.W. 1002002, 0201011

Division of Research Resources

The Division of Research Resources has recently announced two competitive grant programs to assist institutions in upgrading their research animal facilities. The first program, "Developing and Improving Institutional Animal Resources", RFA 89-RR-02, was announced in the April 28, 1989 issue of the NIH Guide for Grants and Contracts, Vol. 18, No. 15, and is intended for, but is not restricted to, those institutions that receive more than \$500,000 of Public Health Service funds annually for animal-related research. The total award must be matched (dollar-for-dollar) by non-federal funds.

The second program, RFA 89-RR-03, "Animal Facility Improvements for Small Research Programs", was announced in the July 7, 1989 issue of the NIH Guide for Grants and Contracts, Vol. 18, No. 23, and is intended for those institutions that receive less than \$500,000 of Public Health Service funds annually for animal-related research. No matching funds are required. An institution that is eligible for the second program is also eligible for the first program but can only apply to one program, not both.

It is currently anticipated that \$9.931 million will be available for the program announced under RFA 89-RR-02 (not \$10.931 million as previously announced), and \$1 million will be available for the program announced under RFA 89-RR-03. The traditional 3-year facility improvement program is no longer active.

Details of each program can be obtained by contacting:

Director
Laboratory Animal Sciences Program
Division of Research Resources
5333 Westbard Avenue, Room 853
Bethesda, Maryland 20892
Telephone: (301) 496-5175

DATED ANNOUNCEMENTS (RFPs AND RFAs)

TECHNICAL, ANALYTICAL, AND DOCUMENTATION SUPPORT SERVICES FOR THE NATIONAL HEART, BLOOD VESSEL, LUNG, AND BLOOD DISEASES AND BLOOD RESOURCES PROGRAM

RFP AVAILABLE: RFP-NHLBI-H0-89-11

P.T. 34; K.W. 0780000

National Heart, Lung, and Blood Institute

The National Heart, Lung, and Blood Institute (NHLBI) will make available to interested contractors a request for proposals to support activities for the National Heart, Blood Vessel, Lung, and Blood Diseases and Blood Resources Program (P.L. 99-158). In administering the Program, NHLBI supports a variety of task forces, conferences, and workshops and prepares numerous reports and technical documents. Services are required to: (1) provide technical support to scientific working groups; (2) provide documentation support including preparation of technical reports; prepare visual exhibits such as briefing materials; and editorial support for many diverse, technical reports; and (3) provide analytic support including qualitative and quantitative data collection and appropriate synthesis. Documentation services are required to assist in the preparation of the NHLBI Fact Book, the Annual Report of the Director, the semi-annual Program and Fiscal Reviews of the NHLBI Advisory Council, and a variety of special-purpose scientific reports. Additionally, scientific meeting, workshop, and analytic and documentation services are required in support of various activities and projects undertaken by the

Divisions of the Institute and the Office of the Director, including for example, updates of the National Program Plan and support for the Office of Prevention, Education, and Control (OPEC) and the Office of Program Planning and Evaluation (OPPE). The support for all tasks during the five-(5) year contract period will require approximately 12 person years per year. The project staff of the successful offeror (and subcontractors if any) must be available to meet with program staff at the National Institutes of Health, in Bethesda, with as little as two (2) hours advance notice. Such meetings on any given day may involve one or more members of the offeror's team and cannot be scheduled in advance. When otherwise possible, meetings will be scheduled in advance. The successful offeror must be fully able to meet this requirement within 30 days of contract award.

This is not a Request for Proposals. RFP NHLBI-HO-89-11 will be released on or about August 25, 1989, with proposals due on or about September 27, 1989. One (1) award is anticipated by the Government. Your written request should include three (3) labels, self-addressed with your mailing address, and must cite RFP No. NHLBI-HO-89-11.

Requests for copies of the RFP should be sent to the following address:

Kristee M. Ryman, Contract Specialist
HLVD Contracts Section, Contracts Operations Branch, DEA
National Heart, Lung, and Blood Institute
Federal Building, Room 4C04
National Institutes of Health
Bethesda, Maryland 20892

INTERVENTION RESEARCH IN HISPANIC POPULATIONS

RFA AVAILABLE: 89-CA-15

P.T. 34, FD; K.W. 0715035, 0745027, 0795003, 0745000

National Cancer Institute

Letter of Intent Receipt Date: September 1, 1989
Application Receipt Date: December 1, 1989

The Special Populations Studies Branch of the Division of Cancer Prevention and Control (DCPC), National Cancer Institute (NCI), announces the availability of a Request for Applications (RFA) inviting Cooperative Agreement applications for investigators to participate, with the assistance of the NCI, in studies to determine the effectiveness of cancer prevention and control intervention strategies in Hispanic populations.

The subjects for the studies will be Mexican Americans, Puerto Ricans, Cuban Americans or Central/South Americans residing in the United States. The research will involve studies which address: 1) the efficacy and effectiveness of existing cancer prevention and control intervention strategies; or 2) the development of new intervention strategies. The range of research is not limited to any particular aspect of cancer prevention and control but must be multidisciplinary and may include, for example:

- o methods for circumventing barriers to health system utilization,
- o strategies to increase early detection of cancer, and/or
- o prevention strategies including smoking cessation and dietary modification.

The intervention research will advance through two stages: A Methods Development or Strategies Modification, i.e., Developmental stage, Stage One (Cancer Control Phase II Research Studies) followed by an Intervention Implementation and Evaluation stage, Stage Two (Cancer Control Phase III Research Studies). Investigators submitting evidence of intervention methods/strategies already pilot tested in Hispanic communities may opt for studies focusing solely on the Intervention Implementation/Evaluation stage.

Intervention Research in Hispanics is to be characterized by methods which will circumvent or reduce barriers to cancer prevention and control programs and services; and, as in the case of smoking prevention and cessation or dietary change, by methods which are used to modify existing behavior or prevent the development of cancer risk behaviors. Barriers include but are not limited to: (1) Behavioral/Cultural Barriers, i.e., language differences, social-psychological considerations, particular cultural beliefs which may affect accessing cancer control services, lack of knowledge and understanding of cancer prevention and control opportunities; and (2) Health System/Structural Barriers, i.e., availability of cancer control services, financial

limitations, transportation barriers and limited bi-lingual/cultural health care providers. Smoking prevention and cessation as well as dietary change programs are also appropriate intervention areas which may be considered.

The assistance mechanism used to support these studies will be the cooperative agreement, which is similar to the traditional NIH research grant. It differs from a research grant in the extent and nature of NCI staff involvement with investigators. Two elements are critical for obtaining support for a study: Respondents must demonstrate the ability to: 1) access and obtain the participation of the Hispanic population in which the cancer intervention study will be conducted, and 2) develop and evaluate a culturally compatible intervention in the target population. Interested institutions may request copies of the RFA. Note that awards will not be made to foreign institutions. It is anticipated that five to six awards will be made.

Requests for copies of the RFA should be addressed to:

Elva Ruiz
Special Populations Studies Branch
Division of Cancer Prevention and Control
National Cancer Institute
Executive Plaza North, Room 240
9000 Rockville Pike
Bethesda, Maryland 20897
Telephone: (301) 496-8589

ONGOING PROGRAM ANNOUNCEMENTS

RESEARCH ON URINARY INCONTINENCE AND OTHER URINARY DYSFUNCTION IN OLDER PERSONS

P.T. 34, CC; K.W. 0785220, 0755030, 0755015, 0710100, 0745047, 0765035, 0745020

National Institute on Aging

The National Institute on Aging (NIA) announces a continuing interest in support of research on urinary incontinence and other urinary dysfunction in older persons.

BACKGROUND

Urinary incontinence, the involuntary loss of urine so severe as to have social and/or hygienic consequences, is a major clinical problem and a significant cause of disability and dependency. Urinary incontinence affects all age groups and is particularly common in older persons. At least 10 million adult Americans suffer from urinary incontinence, including approximately 15 to 30 percent of community-dwelling older people and at least one-half of all nursing home residents. The monetary costs of managing urinary incontinence are conservatively estimated at \$10.3 billion annually, and the psychosocial burden of urinary incontinence is great.

Urinary incontinence is a symptom rather than a disease. It appears in a limited number of clinical patterns, each having several possible causes. In some cases, the disorder is transient, secondary to an easily reversed cause such as a medication or an acute illness like urinary tract infection. Many cases are chronic, however, lasting indefinitely unless properly diagnosed and treated.

An NIH Consensus Development Conference entitled "Urinary Incontinence in Adults" was held October 3-5, 1988. This conference was sponsored by the National Institute on Aging and the Office of Medical Applications of Research of the National Institutes of Health, in conjunction with the National Institute of Diabetes and Digestive and Kidney Diseases, the National Center for Nursing Research, the National Institute of Neurological and Communicative Disorder and Stroke and the Veterans Administration.

The Consensus Development Conference provided an overview of current knowledge on the etiology, pathophysiology, sequelae, and management of this prevalent clinical problem. Although information on incontinence is increasing, the field has long been neglected, and numerous gaps exist in our knowledge. While many controversies were addressed, numerous questions were identified that await answers and thus serve as the focus for future research directions. These issues will require the collaborative input of investigators from the spectrum of relevant disciplines and the rigorous application of appropriate

research principles. The Conference concluded with the conferees' issuance of a statement identifying needs for future research.

RESEARCH GOALS AND SCOPE

The following list of future directions for needed research were identified by the Consensus Development Conference on Urinary Incontinence in Adults.

- o Basic research on the mechanisms underlying the etiology, exacerbation, and response to treatment of specific forms of urinary incontinence and urgency.
- o Epidemiologic studies with emphasis on elucidation of risk factors for development of urinary incontinence, its occurrence in specific populations (particularly males and nonwhites), and the natural history of the various clinical and physiologic subtypes.
- o Studies of strategies to prevent urinary incontinence.
- o Randomized clinical trials, including longitudinal studies in well-specified populations, of algorithms for the systematic assessment of patients with incontinence and of specific behavioral, pharmacologic, and surgical treatment, either alone or in combination.
- o Development of new therapies, including pharmacologic agents with greater specificity for the urinary tract and new behavioral and surgical strategies and other innovative techniques, including electrical stimulation.

The above noted topics for research on urinary incontinence are also applicable to other common disorders of urinary dysfunction including urgency, frequency and retention. Applications addressing these problems are also sought.

The specific research areas listed above are not intended to limit the selection of topics for investigation in any research area related to urinary tract dysfunction in older persons. The NIA is interested in all innovative research on the epidemiology, etiology, prevention, pathophysiology, diagnosis and treatment of this problem.

APPLICATION AND REVIEW PROCEDURES

The primary mechanisms for support of this program are:

- o Research grant (R01)
- o Program Project Award (P01)
- o First Independent Research Support and Transition (FIRST) Award (R29)
- o Career awards, which include:
 - Academic Award (K08)
 - Clinical Investigator Award (K08)
- o Training grants (T32)
- o Fellowships (F32, F33)

Applications for R01s, R29s, F32s and F33s will be reviewed for scientific and technical merit by an appropriate study section in the NIH Division of Research Grants. All other applications will be reviewed by an appropriate Institute review committee. Secondary review will be performed by an appropriate National Advisory Council.

There are no set-aside funds for these applications. Applications compete on the basis of scientific merit with all other applications. The review criteria are those for research project, program project, career development, training, and fellowship applications.

The NIH urges applicants for grants to include members of minority groups and women in the study populations for research. In those instances in which this is not feasible or appropriate an explanation should be provided.

Researchers considering an application in response to this announcement are welcome to discuss their project, and the range of grant mechanisms available, with NIA staff in advance of formal submission. This can be done either through a telephone conversation or a brief letter giving the descriptive title of the proposed project and identifying the principal investigator and, when known, other key participants.

Applicants should use the regular research project grant application form (PHS 398, rev. 10/88) or individual NRSA grant application form (PHS 419-1, rev. 7/88) for fellowships, available at the applicant's institution or from:

Office of Grants Inquiries
Division of Research Grants
Westwood Building, Room 449
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 496-7441

To expedite the application's routing within NIH, please check the box on the face sheet of the application indicating that your proposal is in response to this announcement and print (next to the checked box) "NIA Research on Urinary Incontinence etc., P.A."

Mail the completed application (with 6 copies) to:

Application Receipt Office
Division of Research Grants
National Institutes of Health
Westwood Building, Room 240
Bethesda, Maryland 20892**

Receipt dates for Research Grant, Program Project Grant, Career Award and First Award applications are February 1, June 1, and October 1; those for Training Grant and Fellowship applications are January 10, May 10, and September 10.

Correspondence and inquiries should be directed to:

Stanley L. Slater, M.D.
Director, Geriatric Research and Training Program
Geriatrics Branch
National Institute on Aging
National Institutes of Health
Building 31, Room 5C27
Bethesda, Maryland 20892
Telephone: (301) 496-6761

SMALL GRANTS TO FACILITATE USE OF NEW TECHNIQUES BY RESEARCHERS IN DIABETES, ENDOCRINOLOGY AND METABOLISM

P.T. 34; K.W. 1002004, 1002008, 0710065, 0790010, 1002058, 0765035

National Institute of Diabetes and Digestive and Kidney Diseases

INTRODUCTION

The Division of Diabetes, Endocrinology and Metabolic Diseases (DDEM) supports research and training related to diabetes mellitus and its complications, to endocrinology and to a variety of genetic metabolic diseases, including cystic fibrosis. Within each of these areas, the pursuit of research into the mechanisms of various regulatory functions and disease pathophysiology often requires the ability to use new techniques of structural, molecular and cellular biology, genetics, biophysics, virology, immunology, and physiology. The DDEM encourages Principal Investigators (PIs) supported by the Diabetes Research Programs, the Endocrinology Research Program, the Metabolic Diseases Research Program and the Cystic Fibrosis Program, or under special circumstances a member of the PI's research team, to obtain first hand experience with new techniques as a Visiting Researcher in the laboratory of an expert Host. The new techniques should be an integral part of an original pilot research project conceived by the Visiting Researcher in collaboration with the Host. The proposed research project should result in novel preliminary data which could strengthen a subsequent application for regular grant support.

OBJECTIVES AND SCOPE

The overall goal of this program announcement is to facilitate incorporation of relevant new techniques into research projects supported by DDEM. Prospective Visiting Researchers in diabetes, endocrinology and metabolism are encouraged to identify Hosts in order to prepare and submit a small grant application. The application must be submitted by the Visiting Researcher and his/her Institution. The proposed original research project, to be performed in the Host's laboratory, need not be directly related to diabetes, endocrinology or metabolism. However, the techniques utilized while

performing the research project must be directly applicable to the Visiting Researcher's future work in these areas.

Some examples of new techniques are: recombinant DNA; gene mapping and/or sequencing; production of transgenic cell lines and organisms including vector construction, transfection and infection; hybridoma production; identification of gene products; cell sorting and trafficking; signal transduction including patch clamping; peptide/protein crystallographic analysis; peptide/protein modeling and molecular dynamics simulations; 2D-nuclear magnetic resonance of peptides/proteins; in vitro and in vivo magnetic resonance spectroscopy or magnetic resonance imaging and other biophysical or specialized techniques useful in diabetes, endocrinology and metabolism research.

ELIGIBILITY REQUIREMENTS

The proposed Visiting Researcher must be Principal Investigator on at least one DDEM-supported research project grant (R01) or Principal Investigator on a program project grant (P01), or research center grant (P50). Under special circumstances the principal investigator may sponsor a qualified member of his/her team, provided the member returns to the Sponsor's laboratory and applies the acquired techniques for at least one year. In this case, the Sponsor will serve as the Principal Investigator on the project.

The Host institution must be different from the Visiting Researcher's. Under compelling circumstances an exemption from this requirement may be considered, but in such cases prior written approval must be obtained from the appropriate program director before the application is submitted.

All applicants must have received a Ph.D., M.D., or equivalent degree from an accredited domestic or foreign institution, and must have had at least seven subsequent years of relevant research or professional experience. Demonstrated research ability must be evidenced by publications and former or current grants from NIH, NSF or research foundations. The Host must be an established researcher with recognized expertise in the area of the pilot research project proposed.

All Hosts, Visiting Researchers, or sponsored Visiting Researchers must be citizens or noncitizen nationals of the United States, or have been lawfully admitted to the United States for permanent residence.

PURPOSE AND TERMS OF THE AWARD

This non-renewable award provides a maximum of \$12,500 to \$25,000 for a 3-6 months period in a Host laboratory with periods less than six months being prorated. The funds are to be used for salaries, supply needs in the Host's laboratory, and travel and subsistence funds for the Visiting Researcher. A maximum of \$2,500 to 5,000 for 3 to 6 months respectively is allowed for salaries of technical personnel in the Host laboratory. A subcontract agreement with the Host institution will be necessary if funds are to be provided to the Host's institution. The proposed activity must be full-time and must include the conduct of research with supervision provided by the Host, or by the Host in association with an expert member of the Host's laboratory. A minimum full-time commitment of 3 months is required. The activity should be scheduled within the 12 month period following the date of the award. The setting may be a U.S. nonprofit private or public institution, including a Federal laboratory. Funding of meritorious applications submitted in response to this program announcement is contingent on the actual availability of funds.

APPLICATION AND REVIEW PROCEDURES

An anticipated schedule for review and award is detailed below:

Application Receipt Date	NIDDK Initial Review Committee	Earliest Award Date
June 1	September - October	December 1
October 1	February	April 1
Feb 1	June	September 1

The above three, yearly receipt dates will be strictly enforced.

Upon receipt, applications will be reviewed (initially) by the Division of Research Grants (DRG) for completeness. Incomplete applications will be returned to the applicant without further consideration. Applications will then be reviewed by a standing NIDDK review committee, based on the following criteria:

1. Is it likely that preliminary data will result that could strengthen the PI's research program and/or are the techniques being learned likely to further the PI's research interests?
2. Will the Visiting Researcher gain hands-on experience in techniques not easily available to him/her at his/her own institution?
3. Are techniques proposed in the research project relevant to the Visiting Researcher's future studies in diabetes, endocrinology, or metabolism?
4. Is the Host's laboratory and staff involved in this project appropriate for the proposed work?
5. Is the experimental design adequate and appropriate?

The review group will also critically examine the submitted budget and will recommend an appropriate budget for each approved application.

On line 2 of the application face page, check YES and insert the title of this Program Announcement "Small Grants to Facilitate Use of New Techniques by Researchers in Diabetes, Endocrinology and Metabolism."

Applicants should submit a signed, typewritten original of the application, including the Checklist, and four (4) signed, exact photocopies, in one package to the Division of Research Grants at the address below. The photocopies must be clear and single sided.

Application Receipt Office
 Division of Research Grants
 National Institutes of Health
 Westwood Building, Room 240
 Bethesda, Maryland 20892**

At the time of submission, two additional copies of the application should be sent to:

Review Branch
 National Institute of Diabetes and Digestive
 and Kidney Diseases
 Westwood Building, Room 406
 5333 Westbard Avenue
 Bethesda, Maryland 20892

REPORTING REQUIREMENTS

A Final Progress Report, an Invention Statement and a Financial Status Report must be submitted within ninety days after the termination of the award. This final reporting requirement is the same as that for other types of research grants and is in accord with 42 CFR 52 and 45 CFR 74.

CONSULTATION WITH PROGRAM STAFF

Prospective applicants are encouraged to discuss their ideas with program staff (see below) to determine whether they fit the definitions and guidelines of this announcement. Applications which, in the opinion of staff, do not meet these objectives, scope and eligibility criteria will be returned without review.

Although the abbreviated application must be prepared and submitted on form PHS 398 (revised 10/88), the format of the application is different from that used for regular research project grants. The COMPLETE PROGRAM ANNOUNCEMENT and SPECIAL INSTRUCTIONS FOR preparation of the application are available and MUST BE consulted by the applicant before preparing an application. Program staff listed below should be contacted with questions or requests:

For Endocrinology, Metabolism
 and Cystic Fibrosis:

Robert Katz, Ph.D.
 Deputy Chief, Endocrinology
 and Metabolic Diseases
 Programs Branch, DDEM, NIDDK
 Westwood Building, Room 607A
 NIH, Bethesda, Maryland 20892
 Telephone: (301) 496-7997

For Diabetes:

Joan T. Harmon, Ph.D.
 Director, Diabetes Research Program
 DDEM, NIDDK
 Westwood Building, Room 622
 NIH, Bethesda, Maryland 20892
 Telephone: (301) 496-7731

SOCIAL SUPPORT AND CARDIOVASCULAR DISEASE

P.T. 34; K.W. 0715040, 0715095, 0715072, 0411005

National Heart, Lung, and Blood Institute

Over the past 15 years a number of population-based studies have demonstrated a consistent relationship between inadequate social relationships or support and emotional states (e.g., anxiety, depression), and prevalence of cardiovascular (CV) risk factors, morbidity, all-cause mortality, and mortality from cardiovascular disease (CVD). Data on the association between social support and health come from a diverse set of international investigations. In the Alameda County Study low social support was prospectively related to all-cause mortality and this relationship was maintained after controlling for socioeconomic status, initial health status, and standard risk factors (e.g., smoking, obesity, alcohol consumption). Furthermore, low support predicted specific causes of death, including ischemic heart disease and cancer. In a prospective Tecumseh, Michigan study, a similar relationship between social support and mortality was found for men. Relationships between support and mortality were found in the Evans County, Georgia, study for white men, but not for women or black men. In a predictive study conducted on older men and women in Durham, North Carolina, availability of support, frequency of contacts with network members, and perceptions of support were all related to mortality after controlling for socioeconomic status, physical health, stress, and smoking.

Outside the United States, population studies have replicated this social support and mortality relationship. In a study of men in Gothenburg, Sweden, social participation was negatively related to mortality. This relationship was maintained after controlling for age and cardiovascular risk factors. Similarly, a positive effect of social contacts and social interactions on survival was found for a random sample of the Swedish population aged 29 to 74. In the Finnish North Karelia study, social support was associated with total and cardiovascular mortality in men.

In a prospective study of male survivors of myocardial infarction (MI), it was found that low support coupled with psychological strain predicted post-MI mortality after controlling for medical status and traditional CVD risk factors. Recent studies have also demonstrated a relationship between social support and health behaviors. For example, people with adequate support may be more likely to comply with medical regimens, and may be more successful at altering risk behaviors (e.g., smoking cessation). Some data also demonstrate a possible role for positive social relations and health-seeking behaviors, short-term recovery from cardiovascular events, and long-term adjustment to CVD. For example, access to supportive others has been identified as a component in facilitating recovery from bypass surgery.

Support may also buffer the effect of stress on health. A study conducted in the Netherlands, for example, found that stressed employees with social support had lower blood pressure than stressed employees without support. A Swedish study of work conditions, particularly degree of control over the work day, perceptions of autonomy, and sources of social support, revealed that the highest rates of cardiovascular disease occurred in persons who perceived high stress in their jobs, had a low ability to control their working environment, and had low social support.

To summarize, population-based studies have consistently demonstrated a relationship between social support and CVD-related health and well-being. This association is particularly robust when one considers that the empirical investigations have been notably diverse with marked variations in sociocultural contexts, measures of social support, study endpoints, and confounding variables. Unfortunately, very little is known beyond these broad associations between social support and CVD. More specifically, studies to date have not been designed to address the mechanisms and processes that may account for these broad associations between social support and CVD-related health. Until a clearer understanding of these processes is achieved, interventions designed to alleviate the negative health effects of inadequate social support are not feasible.

The purpose of this announcement is to stimulate research designed to investigate the processes through which social support may influence the onset, severity, progression or adjustment to cardiovascular disease. Applicants are encouraged to include within their proposals the following elements: a clearly specified model of the processes through which support influences CVD, reliable and valid measures of social support and related constructs that are appropriate to the model being tested, a clear conceptualization of the form of support relevant to the model investigated and endpoints assessed, reliable and valid assessments of the factors that may

relate to social support or to the outcome measures used (e.g., other risk factors for CVD), and sophisticated assessment of outcomes and mediating variables. Studies using multilevel assessment approaches (e.g., behavioral and biochemical) are encouraged. Endpoints might include angina, disease progression, recovery rates, return to normal functioning (e.g., multi-domain quality of life assessments), changes in risk factor behaviors, medication and regimen adherence, and rehospitalization. Multiple outcome measures are particularly valuable.

The complexity of the issues related to social support and CVD necessitate the use of an interdisciplinary research team, with demonstrated expertise in the biomedical and behavioral sciences required. In addition, depending on the specific questions addressed and population examined, the investigative team may include individuals with expertise in areas such as health, developmental, social and biopsychology; nutrition; behavioral epidemiology; preventive cardiology, cardiology, cardiac surgery, and rehabilitation cardiology; biostatistics and psychometrics; and nursing.

It is anticipated that successful respondents to this announcement may be invited to meet annually to discuss research designs, develop comparable measures, compare results, and consider the implications of the results for future intervention-based investigations.

Application Submission and Review

Application receipt dates for new applications are the regular application receipt dates of February 1, June 1, and October 1. The first acceptable receipt date will be February 1, 1990. The earliest possible award date is approximately ten months after the receipt date. Applications should use the regular research grant application PHS Form 398 (revised 10/88), which is available at most institutional business offices or from the Division of Research Grants (DRG), NIH.

To identify responses to this announcement, check "yes" and put "Social Support and Cardiovascular Disease" under item 2 of page 1 of those grant applications relating to the topics identified herein. The completed application and six exact copies should be mailed to:

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

The DRG will assign applications for review according to the NIH process for regular research grant applications. Additional information may be obtained by contacting:

Sally A. Shumaker, Ph.D.
Behavioral Medicine Branch
Division of Epidemiology and Clinical Applications
National Heart, Lung, & Blood Institute
Federal Building, Room 216
7550 Wisconsin Avenue
Bethesda, Maryland 20892
Telephone: (301) 496-9380

*This program is described in the catalog of Federal Domestic Assistance No. 13.837, Heart and Vascular Disease Research. 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.

BEHAVIORAL, ETIOLOGIC AND PHYSIOLOGIC ASPECTS OF STUTTERING

P.T. 34; K.W. 0710120, 0414015, 0755030, 0765035, 0415001

National Institute on Deafness and Other Communication Disorders

The Division of Communication Sciences and Disorders (DCSD) of the National Institute on Deafness and Other Communication Disorders (NIDCD) encourages the submission of individual research project grants to investigate stuttering.

I. BACKGROUND

Stuttering, a speech disorder which typically begins during the preschool years, is characterized by the repetition and prolongation of speech sounds. Many individuals who begin to stutter during childhood experience spontaneous remission of their symptoms by adolescence. More information is needed concerning the causes of this disorder and the reasons for spontaneous recovery. Because there is a lack of unanimity concerning the definition of this disorder, diagnostic criteria are needed for the identification of both child and adult stutterers. Experimental investigations that expand our knowledge of stuttering in these areas will lead to improved treatment methods.

II. RESEARCH GOALS AND SCOPE

The NIDCD encourages investigations into the etiology, identification, development, and treatment of stuttering. Investigators are encouraged to develop single-investigator or interdisciplinary studies in the following areas, which are not exclusive:

- o Etiology: Factors contributing to the development of stuttering; identification of familial characteristics associated with stuttering. Studies may utilize high-density designs (families with stuttering adults and young children at risk for developing stuttering), with assessment of phenotype in each family.

- o Identification: Objective criteria or identification measures appropriate for the specification of speech similarities and differences between stutterers and non-stutterers.

- o Pathophysiology of stuttering: determine the physiological differences between stutterers and normal speakers and the relationship between physiological differences and speech characteristics.

- o Development of stuttering: The relationship between speech and language development and the onset of stuttering; characteristics of childhood stutterers who recover vs those whose symptoms persist; characteristics of speech of "recovered stutterers"; factors which contribute to relapse; the characteristics of fluent speech development; the differentiating of normal dysfluency from mild stuttering.

- o Treatment: Procedures appropriate for assessing stuttering pre- and post-treatment; the relationship between characteristics present at onset of treatment to treatment outcome. Studies may address the evaluation of specific treatments, early intervention, changes in stuttering during treatment, and maintenance of fluency following treatment.

III. Mechanisms of Support

The support mechanism for grants in this area will be the individual research grant (R01) and the FIRST award (R29). Under these mechanisms, the principal investigator and any participating investigators will plan, direct, and perform the research.

APPLICATION AND REVIEW PROCEDURES

Applications must be prepared on form PHS 398 (Rev. 10/88) using the instructions included in the application kit. These kits are available from the address cited below or from the Division of Research Grants, National Institutes of Health, Westwood Building, Room 449, Bethesda, MD 20892.

Receipt dates for new research project grant and FIRST award applications are February 1, June 1, and October 1.

On page 1 of form PHS 398, check "yes" in item 2 and type: "NIDCD Announcement: Behavioral, Etiologic, and Physiologic Aspects of Stuttering." Use the mailing label provided in the application kit and mail the signed original and six exact copies to the Division of Research Grants (DRG).

Research project grant and FIRST award applications will be reviewed for scientific and technical merit by an appropriate study section in the Division of Research Grants. Secondary review will be by the National Institute on Deafness and Other Communication Disorders National Advisory Council. Applications judged to be within the purview of other Institutes of NIH will be assigned accordingly.

For further information, potential applicants are encouraged to call or write to:

Judith A. Cooper, Ph.D.
Division of Communication Sciences and Disorders
National Institute on Deafness and Other Communication Disorders
Federal Building, Room 1C-06
7550 Wisconsin Avenue
Bethesda, Maryland 20892
Telephone: (301) 496-5061

This program is described in the Catalog of Federal Domestic Assistance No. 13.854, Biological Basis Research in the Neurosciences and Communicative Sciences, and No. 13.853, Clinical Basis Research in the Neurosciences and Communicative Sciences. Awards will be made under the authority of the Public Health Service Act, Section 301 (42 USC241) and administered under PHS grant policies and Federal Regulations 42 CFR Part 52 and 45 CFR Part 74. This program is not subject to review by a Health Systems Agency.

ERRATA

"OTHER SUPPORT" IN PHS GRANT APPLICATIONS

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

Alcohol, Drug Abuse, and Mental Health Administration

The Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) was inadvertently omitted from the notice when it was published in the NIH Guide for Grants and Contracts, Vol. 18, No. 20, Page 2, June 9, 1989. This notice also applies to all applicants for grant support from ADAMHA.

PHS GRANT APPLICATION FORM 398 -- REMINDERS

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

Alcohol, Drug Abuse, and Mental Health Administration

The Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) was inadvertently omitted from the notice when it was published in the NIH Guide for Grants and Contracts, Vol. 18, No. 20, Page 3, June 9, 1989. These reminders regarding Form 398 also apply to applications for support from ADAMHA.

PHS 398 MISCONDUCT IN SCIENCE ASSURANCE

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

Alcohol, Drug Abuse, and Mental Health Administration

The Alcohol, Drug Abuse, and Mental Health Administration was inadvertently omitted from the notice when it was published in the NIH Guide for Grants and Contracts, Vol. 18, No. 20, Page 3, June 9, 1989.

INCLUSION OF MINORITIES IN STUDY POPULATIONS

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

INCLUSION OF WOMEN IN STUDY POPULATIONS

P.T. 34, II; K.W. 0770000, 1014002

Alcohol, Drug Abuse, and Mental Health Administration

The contact offices for further clarification or discussion of these issues were listed incorrectly in the notice when it was published in the NIH Guide for Grants and Contracts, Vol. 18, No. 21, Pages 1-4, June 16, 1989. The correct contacts are listed below:

NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM

Director, Office of Scientific Affairs
NIAAA, ADAMHA
Parklawn Building, Room 16C-20
5600 Fishers Lane
Rockville, Maryland 20857
Telephone: (301) 443-4375

NATIONAL INSTITUTE ON DRUG ABUSE

Director, Office of Extramural Programs
NIDA, ADAMHA
Parklawn Building, Room 10-42
5600 Fishers Lane
Rockville, Maryland 20857
Telephone: (301) 443-2620

NATIONAL INSTITUTE ON MENTAL HEALTH

Director, Division of Extramural Programs
NIMH, ADAMHA
Parklawn Building, Room 9-105
5600 Fishers Lane
Rockville, Maryland 20857
Telephone: (301) 443-3367

****THE MAILING ADDRESS GIVEN FOR SENDING APPLICATIONS TO THE DIVISION OF RESEARCH GRANTS OR CONTACTING PROGRAM STAFF IN THE WESTWOOD BUILDING IS THE CENTRAL MAILING ADDRESS FOR THE NATIONAL INSTITUTES OF HEALTH. APPLICANTS WHO USE EXPRESS MAIL OR A COURIER SERVICE ARE ADVISED TO FOLLOW THE CARRIER'S REQUIREMENTS FOR SHOWING A STREET ADDRESS. THE ADDRESS FOR THE WESTWOOD BUILDING IS:**

5333 Westbard Avenue
Bethesda, Maryland 20816