

U.S. Department of Health and Human Services



Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2024

Maternal and Child Health Bureau

Division of Child, Adolescent and Family Health

Poison Control Centers Program

Funding Opportunity Number: HRSA-24-045

Funding Opportunity Type(s): New, Competing Continuation

Assistance Listing Number: 93.253

Letter of Intent Requested by: March 15, 2024

Application Due Date: May 1, 2024

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!

We will not approve deadline extensions for lack of registration.

Registration in all systems may take up to 1 month to complete.

**MODIFIED on March 8, 2024: Clarified 10% indirect costs limit in
Section II. 2. Summary of Funding, as highlighted**

Issuance Date: January 31, 2024

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See [Section VII](#) for a complete list of agency contacts.

Authority: 42 U.S.C. § 300d-73 (Title XII, § 1273 of the Public Health Service Act)

508 COMPLIANCE DISCLAIMER

Persons using assistive technology may not be able to fully access information in this file. For assistance, email or call one of the HRSA staff listed in [Section VII Agency Contacts](#).

SUMMARY

Funding Opportunity Title:	Poison Control Centers Program
Funding Opportunity Number:	HRSA-24-045
Assistance Listing Number:	93.253
Due Date for Applications:	May 1, 2024
Purpose:	The goal of this program is to reduce poisonings and the harms resulting from poisonings by ensuring that individuals across the United States and territories can connect to a Poison Control Center and obtain expert consultation on preventing and managing poisonings.
Program Objective(s):	(1) Support poisoning prevention activities (2) Provide high-quality guidance and information to callers to the Poison Help Line (3) Provide treatment recommendations when poisonings occur (4) Collect data related to poisonings and poisoning outcomes (5) Use data to inform public health and emergency preparedness responses
Eligible Applicants:	You can apply if your organization is in the United States, territory, or compact of free association, and is:

	• Accredited by a professional organization in the field of poison control and complying with the operational requirements needed to sustain accreditation. • Accredited by a state government that has standards for accreditation that reasonably provide for the protection of the public health with respect to poisoning. • Granted a waiver by the Secretary if the center can reasonably demonstrate that the center will obtain such an accreditation within a reasonable time, as determined appropriate by the Secretary. Native American tribal governments are eligible. Native American tribal organizations are eligible. See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.
Anticipated FY 2024 Total Available Funding:	\$24,846,000
Estimated Number and Type of Award(s):	Up to 52: competing continuation, new grants
Estimated Annual Award Amount:	Award per year is based on the 2020 Census Bureau population count data, subject to the availability of appropriated funds
Cost Sharing or Matching Required:	No
Period of Performance:	September 1, 2024, through August 31, 2029 (5 years)
Agency Contacts:	Business, administrative, or fiscal issues: Hazel N. Booker Grants Management Specialist Division of Grants Management Operations, OFAM Email: NBooker@hrsa.gov

	Program issues or technical assistance: Maureen Perkins Senior Public Health Analyst, Division of Child, Adolescent and Family Health MCHB Email: mperkins@hrsa.gov
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Application Guide

You (the applicant organization / agency) are responsible for reading and complying with the instructions included in this NOFO and in [HRSA Application Guide](#) (*Application Guide*). Visit [HRSA's How to Prepare Your Application page](#) for more information.

Technical Assistance

We have scheduled the following webinar:

Thursday, February 22, 2024

2 – 3 p.m. ET

Weblink: [https://hrsa-](https://hrsa.gov.zoomgov.com/j/1617826140?pwd=RmpKNmZ2a1p4cDZQMWlqUE5LOFF2UT09)

[gov.zoomgov.com/j/1617826140?pwd=RmpKNmZ2a1p4cDZQMWlqUE5LOFF2UT09](https://hrsa.gov.zoomgov.com/j/1617826140?pwd=RmpKNmZ2a1p4cDZQMWlqUE5LOFF2UT09)

Attendees without computer access or computer audio can use the following dial-in information:

Call-In Number: 833 568 8864

Participant Code: 90426375

We will record the webinar. You can access the recording [here](#).

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Poison Control Centers (PCC) Program.

The goal of this program is to reduce poisonings and the harms resulting from poisonings by ensuring that individuals across the United States can connect to a Poison Control Center and obtain expert consultation on preventing and managing poisonings.

The objectives of this program are to:

1. Support poisoning prevention activities;
2. Provide high-quality guidance and information to callers to the Poison Help Line;
3. Provide treatment recommendations when poisonings occur;
4. Collect data related to poisonings and poisoning outcomes; and
5. Use data to inform public health and emergency preparedness responses.

These will be accomplished by:

1. Maintaining the number of calls¹ received by the Poison Help Line.
2. Maintaining the percentage of human exposure poisoning case calls from health care facilities and practitioners.
3. Increasing the percentage of human exposure poisoning cases with a completed follow-up contact.
4. Increasing national data on poisonings available in the [National Poison Data System \(NPDS\)](#) for toxic exposure surveillance purposes.

¹ Poison Help Line calls includes all calls, texts, chat, web, or other inquiries. Encounters include human exposures, animal exposures, information requests, human confirmed non-exposures, and animal confirmed non-exposures. In the National Poison Data System (NPDS), case entries are called human or animal “exposure cases,” rather than “calls,” because a single call may describe more than one case and because the management of an NPDS case often requires more than a single telephone call or contact. Gummin DD, Mowry JB, Beuhler MD, Spyker DA, Rivers LJ, Feldman R, Brown K, Nathaniel PTP, Bronstein AC, & Weber JA. (2022). 2021 Annual Report of the National Poison Data System© (NPDS) from America's Poison Centers: 39th Annual Report, Clinical Toxicology, 60:12, 1381-1643.

[For more details, see Program Requirements and Expectations.](#)

2. Background

Authority

The Poison Control Centers Program is authorized by 42 U.S.C. § 300d-73 (Title XII, § 1273 of the Public Health Service Act). The Program is statutorily mandated to support three inter-related activities, including funding to: (1) supplement accredited poison centers; (2) establish and maintain a single, national toll-free number (established in 2002) that connects callers with the poison center serving their area; and (3) implement a national media campaign to educate the public and health care providers about local poison center services and the toll-free number.

About MCHB and Strategic Plan

The HRSA Maternal and Child Health Bureau (MCHB) administers programs with focus areas in maternal and women's health, adolescent and young adult health, perinatal and infant health, child health, and children with special health care needs.

To learn more about MCHB and the bureau's strategic plan, visit [Mission, Vision, and Work | MCHB](https://mchb.hrsa.gov/about-us/mission-vision-work)<https://mchb.hrsa.gov/about-us/mission-vision-work>.

II. Award Information

1. Type of Application and Award

Application type(s): Competing Continuation, New.

We will fund you via a grant.

Funding is based on population. You may apply for up to a ceiling amount according to the Fiscal Year 2024 Estimated Allocation Table. We estimate that funding for fiscal year 2024 will be equal to that received in fiscal year 2023. We will use the funding amounts received in fiscal year 2024 and 2020 Census data to make decisions in future years. Individual PCCs in states with more than one PCC will be funded based on the service area information provided in the state designation letter.

Fiscal Year 2024 Estimated Allocation Table

State/Territory	FY24 Estimated Allocation
Alabama	\$ 356,808
Alaska	\$ 62,132
American Samoa	\$ 15,533
Arizona	\$ 479,215
Arkansas	\$ 217,477
California	\$ 2,782,395
Colorado	\$ 377,214
Connecticut	\$ 266,253
Delaware	\$ 65,758
Federated States of Micronesia	\$ 15,533
Florida	\$ 1,410,021
Georgia	\$ 725,120
Guam	\$ 31,066
Hawaii	\$ 101,639
Idaho	\$ 117,721
Illinois	\$ 913,238
Indiana	\$ 483,906
Iowa	\$ 227,367
Kansas	\$ 212,761
Kentucky	\$ 323,731
Louisiana	\$ 338,022
Maine	\$ 99,038
Maryland	\$ 431,393
District of Columbia	\$ 62,132

State/Territory	FY24 Estimated Allocation
Massachusetts	\$ 489,320
Michigan	\$ 736,671
Minnesota	\$ 396,419
Mississippi	\$ 211,201
Missouri	\$ 446,559
Montana	\$ 66,104
Nebraska	\$ 136,489
Nevada	\$ 202,570
New Hampshire	\$ 98,252
New Jersey	\$ 656,489
New Mexico	\$ 153,546
New York	\$ 1,445,960
North Carolina	\$ 713,348
North Dakota	\$ 62,132
Ohio	\$ 860,002
Oklahoma	\$ 280,097
Oregon	\$ 286,759
Pennsylvania	\$ 946,953
Puerto Rico	\$ 265,188
Rhode Island	\$ 66,152
South Carolina	\$ 346,223
South Dakota	\$ 62,132
Tennessee	\$ 474,616
Texas	\$ 1,887,055
U.S. Virgin Islands	\$ 31,066

State/Territory	FY24 Estimated Allocation
Utah	\$ 207,666
Vermont	\$ 62,132
Virginia	\$ 598,087
Washington	\$ 504,319
West Virginia	\$ 131,846
Wisconsin	\$ 424,225
Wyoming	\$ 62,132

2. Summary of Funding

We estimate \$23,427,187 will be available each year to fund 52 recipients. You may apply for a ceiling amount (reflecting direct and indirect costs) of up to the amount listed in the [Allocation Table](#).

The period of performance is September 1, 2024, through August 31, 2029 (5 years).

Support beyond the first budget year will depend on:

- Appropriation of funds;
- Satisfactory progress in meeting the program objectives;
- A decision that continued funding is in the government's best interest.

[45 CFR part 75 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards](#) applies to all HRSA awards.

Indirect costs are limited to 10% of allowable total indirect cost for this program, regardless of your negotiated indirect cost rate². To claim indirect costs, you must include an indirect cost rate agreement in your application.

Recipients may request supplemental funding at any point in their period of performance. This should be to address unique needs that continue or enhance activities within the funded scope of work. HRSA may support such supplemental projects if funding is available and allocable, the request is reasonable and allowable, sufficient time remains in the budget period to approve the request, and the activities

² *Federal Register: August 7, 2007; Volume 72, Number 151* (<http://edocket.access.gpo.gov/2007/pdf/E7-15352.pdf>)

are aligned with HRSA priorities and non-duplicative of work performed by HRSA or other funding recipients.

III. Eligibility Information

1. Eligible Applicants

You can apply if your organization is in the United States, territory, or compact of free association and is:

- Accredited by a professional organization in the field of poison control and complying with the operational requirements needed to sustain accreditation;
- Accredited by a state government that has standards for accreditation that reasonably provide for the protection of the public health with respect to poisoning; or
- Granted a waiver by the Secretary if the center can reasonably demonstrate that the center will obtain such an accreditation within a reasonable time, as determined appropriate by the Secretary.

The only professional organization currently approved to provide accreditation is America's Poison [Centers](#) (the Association). Unaccredited poison control centers (PCCs) are eligible for a grant waiver if they can demonstrate that they will obtain accreditation within a reasonable time, not to exceed 5 years.

Native American tribal governments are eligible.

Native American tribal organizations are eligible.

2. Cost Sharing or Matching

Cost sharing or matching is not required for this program.

3. Other

We may not consider an application for funding if it contains any of the following non-responsive criteria:

- Exceeds the funding ceiling amount
- Fails to satisfy the deadline requirements referenced in [Section IV.4](#)

Maintenance of Effort

You must agree to maintain non-federal funding for award activities. This must be at least at the same spending level for the fiscal year prior to the fiscal year for which you receive the award, as 42 U.S.C. § 200d-73(f) requires.

Federal funds should add to, not replace, existing non-federal spending for such activities. Complete the Maintenance of Effort information and submit as [Attachment 5](#).

We will enforce statutory MOE requirements through all available mechanisms.

Multiple Applications

We will only review your **last** validated application before the Grants.gov [due date](#).

IV. Application and Submission Information

1. Address to Request Application Package

We **require** you to apply online through [Grants.gov](#). Use the SF-424 workspace application package associated with this notice of funding opportunity (NOFO). Follow these directions: [How to Apply for Grants](#). If you choose to submit using an alternative online method, see [Applicant System-to-System](#).

Note: Grants.gov calls the NOFO “Instructions.”

Select “Subscribe” and enter your email address for HRSA-24-045 to receive emails about changes, clarifications, or instances where we republish the NOFO. You will also be notified by email of documents we place in the RELATED DOCUMENTS tab that may affect the NOFO and your application. *You’re responsible for reviewing all information that relates to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

Submit your information as the *Application Guide* and this program-specific NOFO state. **Do so in English and budget figures expressed in U.S. dollars.** There’s an Application Completeness Checklist in the *Application Guide* to help you.

Application Page Limit

The total number of pages that count toward the page limit shall be no more than **40 pages** when we print them. We will not review any pages that exceed the page limit. Using the pages within the page limit, HRSA will determine eligibility using [Section III. Eligibility Information](#) of the NOFO.

These items do not count toward the page limit:

- Standard OMB-approved forms you find in the NOFO's workspace application package
- Abstract (standard form (SF) "Project_Abstract Summary")
- Indirect Cost Rate Agreement
- Proof of non-profit status (if it applies)

If there are other items that do not count toward the page limit, we'll make this clear in Section IV.2. [Attachments](#).

If you use an OMB-approved form that is not in the HRSA-24-045 workspace application package, it may count toward the page limit.

Applications must be complete and validated by Grants.gov under HRSA-24-045 before the [deadline](#).

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- When you submit your application, you certify that you and your principals³ (for example, program director, principal investigator) can participate in receiving award funds to carry out a proposed project. That is, no federal department or agency has debarred, suspended, proposed for debarment, claimed you ineligible, or you have voluntarily excluded yourself from participating.
- If you fail to make mandatory disclosures, we may take an action like those in [45 CFR § 75.371](#). This includes suspending or debarring you.⁴
- If you can not certify this, you must include an explanation in *Attachments10-15: Other Relevant Documents*.

(See Section 4.1 viii "Certifications" of the *Application Guide*)

Program Requirements and Expectations

Recipients are required to:

- Prevent, and provide treatment recommendations for poisonings
- Comply with the operational requirements needed to sustain the accreditation of the center

Recipients will also be expected to:

- Provide high-quality, locally informed guidance and treatment recommendations when poisonings occur;

³ See definitions at [eCFR :: 2 CFR 180.995 -- Principal](#), and [eCFR :: 2 CFR 376.995 -- Principal \(HHS supplement to government-wide definition at 2 CFR 180.995\)](#).

⁴ See also 2 CFR parts [180](#) and [376](#), [31 U.S.C. § 3354](#), and [45 CFR § 75.113](#).

- Ensure that human exposure poisoning cases receive a completed follow-up contact, when indicated;
- Develop and follow procedures to collect high-quality data related to all calls;
- Enter these data in NPDS for toxic exposure surveillance purposes;
- Use data to inform public health preparedness and response; and
- Communicate with the Poison Help Desk about any changes to or problems with the call routing service and copy HRSA as soon as possible about routing problems.

Recipients are encouraged to:

- Support poisoning prevention activities to include developing and providing educational resources to the public, tailored to the prevention of poisonings and toxic exposures specific to the local area.
- Provide assistance and guidance to local Emergency Medical Services, and coordinate with HRSA-funded Emergency Medical Services for Children (EMSC) Programs and other relevant programs.⁵
- Share data and provide education on community poisoning trends with local crisis centers⁶.
- Develop a quality improvement plan to assess and strengthen the quality of data (for example, consistency, completeness, detail, follow-up information) reported into NPDS to support public health and emergency preparedness surveillance activities.

Performance Management

Recipients will be expected to conduct the following performance management activities:

Submit an annual report on project performance within 90 days of the end of the budget period that describes the center's progress, including:

- Qualitative and/or quantitative data to demonstrate programmatic progress;

⁵ [EMSC programs](#) and other HRSA programs include EMSC State Partnership, EMSC Improvement and Innovation Center, Pediatric Emergency Care Applied Research Network, Regional Pediatric Pandemic Network, and Health Centers.

⁶ A crisis center is a resource for individuals going through mental health crises. They provide mental health services and emotional support for their state or local communities. Most crisis centers are non-profit and many utilize trained volunteers as well as mental health professionals.

- Successes, challenges, and changes made to the program activities; organizational resources; and/or poison center operations;
- Updates or changes to collaborations, partnerships, and coordinated activities, including coordination with HRSA recipients and relevant partners;
- Barriers in providing services to underserved communities, and efforts to overcome these barriers;
- Evaluation of quality improvement activities;
- Emerging issues and how the center has shared prevention messaging regarding these issues to the public, care providers, and service area;
- Descriptions of education opportunities, outreach events, and resources disseminated to the public, social service organizations, and health care providers relevant to local poisoning and toxic exposure prevention and emergency preparedness;
- Descriptions of outreach events to educate the public on preventing poisoning and toxic exposure and on emergency preparedness; and
- Numbers and types of encounters or contacts not captured in NPDS, if any (for example, text/SMS messages or in-person consultations).

HRSA will collect the following performance measures from NPDS:

- Number of encounters;
- Number of encounters that are human exposure poisoning cases;
- Percentage of human exposure poisoning cases with a completed follow-up contact; and
- Percentage of encounters initiated by health care facilities or providers.

A final performance report must be submitted within 120 days after the end of the period of performance. The final performance report must be cumulative and report on all award activities during the entire period of performance.

Program-Specific Instructions

Include application requirements and instructions from Section 4 of the *Application Guide* (budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract). Also include the following:

- Accredited PCCs must provide a copy of their most recent accreditation letter from the Association or state government. Provide a date of re-accreditation if it is due in FY 2024.
- Unaccredited PCCs seeking a waiver must provide a letter from the Association, state government, or Secretary providing the status of the applicant's likelihood to meet the accreditation requirements. Additionally, address the following questions in the letter:
 1. What is the pending application accreditation date and the date or approximate date the decision will be made to grant or deny accreditation for this applicant?
 2. To date, what accreditation criteria has the applicant met and what outstanding criteria has the applicant not met?

The letter verifying the PCC's accreditation status must be provided as *Attachment 9 [PCC Accreditation Status](#)*.

i. **Project Abstract**

Use the Standard OMB-approved Project Abstract Summary Form that you'll find in the workspace application package. Do not upload the abstract as an attachment or it may count toward the page limit. For information you must include in the Project Abstract Summary Form, see Section 4.1.ix of the *Application Guide*.

NARRATIVE GUIDANCE

The following table provides a crosswalk between the narrative language and where each section falls within the review criteria. Make sure you've addressed everything. We may consider any forms or attachments you reference in a narrative section during the merit review.

Narrative Section	Review Criteria
Introduction	<i>Criterion 1: NEED</i>
Organizational Information	<i>Criterion 5: RESOURCES/CAPABILITIES</i>
Need	<i>Criterion 1: NEED</i>
Approach	<i>Criterion 2: RESPONSE</i>

Narrative Section	Review Criteria
Work Plan	<i>Criterion 2: RESPONSE</i> <i>Criterion 4: IMPACT</i>
Evaluation and Technical Support Capacity	<i>Criterion 3: EVALUATIVE MEASURES</i> <i>Criterion 5: RESOURCES/CAPABILITIES</i>
Budget Narrative	<i>Criterion 6: SUPPORT REQUESTED</i>

ii. **Project Narrative**

This section must describe all aspects of the proposed project. Make it brief and clear.

Provide the following information in the following order. Please use the section headers. This ensures reviewers can understand your proposed project.

- *Introduction -- Corresponds to Section V's Review Criterion [1](#)*
 - Briefly describe the purpose of the proposed project. State goals and measurable objectives. Describe steps you will take to achieve program goals. The application must clearly state how the proposed project strategies will: (1) provide high-quality guidance and treatment recommendations for poisonings and toxic exposures; (2) support poisoning prevention activities; (3) collect case toxic exposure surveillance data; and (4) contribute to public health preparedness and response.
 - If you plan to use funds to improve data quality related to national toxic exposure surveillance, which is an option but not a requirement of the award, clearly state how proposed activities will improve the quality of data uploaded to NPDS and, as applicable, include outcome metrics to measure success. Alternatively, if the focus is on increased overall data quality, describe how the data quality enhancements overall will be beneficial and tested or verified.
- *Organizational Information -- Corresponds to Section V's Review Criterion [5](#)*
 - Briefly describe the mission, structure, and scope of current activities for the key organizations involved in the project. Explain how these elements all contribute to your ability to carry out the program requirements and meet program expectations. Include a project organizational chart as [Attachment 7](#).
 - Discuss how you'll follow the approved plan, account for federal funds, and record all costs to avoid audit findings.
 - Describe how you'll assess and improve the unique needs of the people who live in the community you serve.

- *Need -- Corresponds to Section V's Review Criterion [1](#)*
 - Describe the target population and their unmet health needs.
 - Use and cite demographic data whenever possible.
 - Discuss any relevant barriers in the service area that the project hopes to overcome.
- *Approach -- Corresponds to Section V's Review Criterion [2](#)*
 - Tell us how you'll address the stated needs and meet the program requirements and expectations described in this NOFO.
 - If it applies, include a plan to distribute educational materials, reports, products, or project outputs to target audiences.
 - If you propose to use funds to improve data quality, which is an option but not a requirement of the award, clearly state what aspects of data quality will be addressed and the specific planned activities for improvement.
- *Work Plan -- Corresponds to Section V's Review Criteria [2](#) and [4](#)*
 - Describe how you'll achieve each of your objectives during the period of performance.
 - Provide a timeline that includes each activity and identifies who is responsible for each. As appropriate, identify meaningful opportunities to support and collaborate with key stakeholders in planning, designing, and implementing all activities.
 - Describe how you will consider the diversity of the populations and communities served in the planning and implementation of all activities.
 - Unaccredited PCCs must include a timeline for attaining accreditation and the anticipated date for the accreditation review.
 - If an applicant is due for re-accreditation during this award cycle, include the date when the accreditation application is due.
- *Evaluation and Technical Support Capacity -- Corresponds to Section V's Review Criteria [3](#) and [5](#)*
 - Provide a performance management plan that demonstrates how you will, if awarded, fulfill the expectations and requirements for performance management described in the [Program Requirements and Expectations](#) section. This plan should include the following:
 - **Monitoring:** how you will track project-related processes, activities, and milestones, and use data to identify actual or potential challenges to

implementation. Provide an initial list of measures (indicators, metrics) you will use to monitor progress.

- **Performance Measurement:** your plan for measuring and tracking program goals and objectives outlined in the [Purpose](#) section. The plan should include required and/or proposed measures outlined in the [Program Requirements and Expectations](#) section, and plans for the timely collection and reporting of all measures.

If your project includes a proposal for a quality improvement plan for data reported into NPDS, then your performance management plan should also include the following:

- **Quality Improvement:** Describe your plans for using and incorporating information from the quality improvement project to inform and improve processes and outcomes.
- **Data Collection and Management:** Describe your capacity to collect and manage data in a way that allows for accurate and timely monitoring, performance measurement, and evaluation. Include a description of the available resources (for example, organizational profile, collaborative partners, staff skills and expertise, budget), systems, and key processes you will use for monitoring, performance measurement, and evaluation (for example, data sources, data collection methods, frequency of collection, data management software).

iii. **Budget**

The *Application Guide* directions may differ from those on Grants.gov.

Follow the instructions in Section 4.1.iv Budget of the *Application Guide* and any specific instructions listed in this section. Your budget should show a well-organized plan.

Reminder: The total project or program costs are all allowable (direct and indirect) costs used for the HRSA activity or project. This includes costs charged to the award and non-federal funds used to satisfy a matching or cost-sharing requirement (which may include maintenance of effort, if applicable).

Program Income

You must use any program income you generate from awarded funds for approved project-related activities. Use program income under the addition alternative (45 CFR § 75.307(e)(2)). Find post-award requirements for program income at [45 CFR § 75.307](#).

Specific Instructions

The Poison Control Centers Program requires the following:

- Accredited PCCs must provide a copy of their most recent accreditation letter from the Association or state government. Provide the date of re-accreditation if it is due in FY 2024.
- Unaccredited PCCs seeking a waiver from the Secretary must provide a letter from the Association or state government providing the status of the applicant's likelihood to meet the accreditation requirements. Additionally, address the following questions in the letter:
 - 1) What is the pending application accreditation date and the date or approximate date the decision will be made to grant or deny accreditation for this applicant?
 - 2) To date, what accreditation criteria has the applicant met and what outstanding criteria has the applicant not met?
 - The letter verifying the PCC's accreditation status must be provided as *Attachment 9 [PCC Accreditation Status](#)*.

As required by the [Consolidated Appropriations Act, 2023 \(P.L. 117-328\)](#), Division H, § 202, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." Effective January 2023, the salary rate limitation is \$212,100. As required by law, salary rate limitations may apply in future years and will be updated.

iv. **Budget Narrative**

See Section 4.1.v. of the *Application Guide*.

v. **Attachments**

Provide the following attachments in the order we list them.

Most attachments count toward the [application page limit](#). Indirect cost rate agreement and proof of non-profit status (if it applies) are the only exceptions. They will not count toward the page limit.

Clearly label each attachment. Upload attachments into the application. Reviewers will not open any attachments you link to.

Attachment 1: Work Plan

Attach the project's work plan. Make sure it includes everything that [Section IV.2.ii. Project Narrative](#) details. If you'll make subawards or spend funds on contracts, describe how your organization will document funds.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of the Application Guide)

Keep each job description to one page as much as possible. Include the role, responsibilities, and qualifications of proposed project staff. Describe your organization's timekeeping process. This ensures that you'll comply with federal standards related to recording personnel costs.

Attachment 3: Biographical Sketches of Key Personnel (Does not count towards the page limit)

Include biographical sketches for people who will hold the key positions you describe in [Attachment 2](#). Keep biographical sketches to two pages or less per person. Do not include personally identifiable information. If you include someone you have not hired yet, include a letter of commitment from that person with the biographical sketch.

Attachment 4: Letters of Agreement, Memoranda of Understanding (as required to document eligibility) (Does not count towards the page limit)

Provide any documents that describe working relationships between your organization and other entities and programs you cite in the proposal. Documents that confirm actual or pending contracts or agreements should clearly describe the roles of the contractors and any deliverable. Make sure you sign and date any letters of agreement. If letters of support are *required for eligibility*, include in this attachment.

Attachment 5: Maintenance of Effort Documentation

Amounts made available to a Poison Control Center shall be used to supplement and not supplant other federal, state or local funds provided. The Maintenance of Effort documentation ensures that federal grant monies are being made to supplement the recipient's funding. The Poison Control Center should maintain the expenditures at a level not less than the level of expenditures for the previous fiscal year. Provide a baseline total cost for the prior fiscal year. Provide an estimate for the next fiscal year using a table like the one below. We'll enforce statutory maintenance of effort requirements.

NON-FEDERAL EXPENDITURES	
FY Before Application (Actual) Actual prior FY non-federal funds, including in-kind, spent for activities proposed in this application. Amount: \$_____	Current FY of Application (Estimated) Estimated current FY non-federal funds, including in-kind, designated for activities proposed in this application. Amount: \$_____

Attachment 6: For Multi-Year Budgets--5th Year Budget.

After using columns (1) through (4) of the SF-424A Section B for a 5-year period of performance, you need to submit the budget for the 5th year as an attachment. SF-424A Section B does not count in the page limit; however, any related budget narrative does count. See Section 4.1.iv of the *Application Guide*.

Attachment 7: Project Organizational Chart

Provide a one-page figure that shows the project's organizational structure.

Attachment 8: Designation and Commitments (Does not count towards the page limit)

Include a current letter of designation from the state, declaring that the PCC is authorized to provide services to the state. States can designate more than one PCC to provide service. If there is more than one PCC that serves the state, the letter should identify each PCC's service area and the percentage of federal funding each center should receive. Submit the designation letter on State health department letterhead.

Also, include documentation to indicate the following: 1) a commitment of using and promoting the national toll-free poison number (1-800-222-1222); 2) a commitment to assist in promotion of HRSA's Poison Help campaign; and 3) a commitment to maintain back-up mechanisms for the toll-free number outside of your state in case of an emergency where telephone lines within your state are not functional.

Attachment 9: PCC Accreditation Status (Does not count toward page limit)

Include any other documents pertaining to PCC Accreditation Status that are relevant to the application, including letters of support.

Attachments 10-15: Other Relevant Documents

3. Unique Entity Identifier (UEI) and System for Award Management (SAM)

A UEI is required to apply for this funding. You must register in the SAM.gov to receive your UEI.

You cannot use a DUNS number to apply. For more details, visit the following webpage: [General Service Administration's UEI Update](#)

After you register with SAM, maintain it. Keep your information updated when you have: an active federal award, application, or plan that an agency is considering.⁷

When you register, you must submit a notarized letter naming the authorized Entity Administrator.

⁷ Unless 2 CFR § 25.110(b) or (c) exempts you from those requirements or the agency approved an exemption for you under 2 CFR § 25.110(d).

We will not make an award until you comply with all relevant SAM requirements. If you have not met the requirements by the time we're ready to make an award, we will deem you unqualified and award another applicant.

If you already registered on Grants.gov, confirm that the registration is active and that the Authorized Organization Representative (AOR) has been approved.

To register in Grants.gov, submit information in two systems:

- [System for Award Management \(SAM\)](#) ([SAM Knowledge Base](#))
- [Grants.gov](#)

Effective March 3, 2023, individuals assigned a SAM.gov [Entity Administrator](#) role must be an employee, officer, or board member, and cannot be a non-employee. This change is to ensure entities are in control of who has permission to control roles within their entity.

Here's what this means:

- Entity Administrators assigning roles to non-employees will only be able to assign a Data Entry role or lower.
- Any entities assigning Entity Administrator roles using an Entity Administrator Role Request Letter (formerly called "notarized letter") will no longer be able to assign the Entity Administrator role to a non-employee.
- Entity Administrator roles assigned to non-employees will be converted to Data Entry roles. With a Data Entry role, non-employees can still create and manage entity registration data entry but cannot manage roles.

If you are an entity using a non-employee or if you are a non-employee working with an entity to manage registrations, please read (and share) [more about this change on the BUY.GSA.gov blog](#) to know what to expect.

For more details, see Section 3.1 of the *Application Guide*.

Note: Allow enough time to register with SAM and Grants.gov. We do not grant application extensions or waivers if you fail to register in time.

4. Submission Dates and Times

Application Due Date

Your application is due on *May 1, 2024, at 11:59 p.m. ET*. We suggest you submit your application to Grants.gov at least 3 calendar days before the deadline to allow for any unexpected events. See the *Application Guide's* Section 8.2.5 – Summary of emails from Grants.gov.

5. Intergovernmental Review

The Poison Control Centers Program does need to follow the terms of [Executive Order 12372](#) in 45 CFR part 100.

See Section 4.1 ii of the *Application Guide* for more information.

6. Funding Restrictions

The General Provisions in Division H of the [Consolidated Appropriations Act, 2023 \(P.L. 117-328\)](#) do **not** apply to this program.

You must have policies, procedures, and financial controls in place. Anyone who receives federal funding must comply with legal requirements and restrictions, including those that limit specific uses of funding.

- Follow the list of statutory restrictions on the use of funds in Section 4.1 (**Funding Restrictions**) of the *Application Guide*. We may audit the effectiveness of these policies, procedures, and controls.
- 2 CFR § 200.216 prohibits certain telecommunications and video surveillance services or equipment. For details, see the [HRSA Grants Policy Bulletin Number: 2021-01E.V.](#)

7. Other Submission Requirements

The letter should identify your organization and its intent to apply and briefly describe the proposal. HRSA will **not** acknowledge receipt of letters of intent.

Send the letter via email by March 15, 2024 to:

HRSA Digital Services Operation (DSO)

Use the HRSA opportunity number as email subject (HRSA-24-045)

HRSA_DSO@hrsa.gov

Although HRSA encourages letters of intent to apply, they are not required. You are eligible to apply even if you do not submit a letter of intent.

V. Application Review Information

1. Review Criteria

We review your application on its technical merit. We have measures for each review criterion to help you present information and to help reviewers evaluate the applications.

We use six review criteria to review and rank Poison Control Centers Program applications. Here are descriptions of the review criteria and their scoring points.

Criterion 1: NEED (20 points) – Corresponds to Section IV's [Introduction](#) and [Need](#)

- How well the application describes the problem and its contributing factors.
- How well the application identifies the target populations and the barriers the project aims to overcome to reach and address the needs of the target populations.

Criterion 2: RESPONSE (20 points) – Corresponds to Section IV's [Approach](#) and [Work Plan](#)

- How well the applicant's proposed project responds to the program's Purpose and proposes to meet the program requirements and expectations. The strength of the proposed project's goals and objectives, and how well they relate to the project.
- How well the activities (scientific or other) described in the application will address the problem and meet project objectives.

Criterion 3: EVALUATIVE MEASURES (15 points) – Corresponds to Section IV's [Evaluation and Technical Support Capacity](#)

- How well the applicant describes clear monitoring procedures and how performance management and measurement will be incorporated into planning, implementation, and reporting of project activities.
- The applicant's plan and ability to collect and report data on the measures specified by HRSA MCHB in the [Program Requirements and Expectations](#) ^[OBJ] HYPERLINK \l "_I._Program_Funding" [purpose](#) of the NOFO and are adequate to assess performance and progress towards the program goals and objectives of the NOFO.

Criterion 4: IMPACT (20 points) – Corresponds to Section IV's [Work Plan](#)

- How effective the proposed project will be in addressing the program objectives.
- How strong of a public health impact it will have in the local area and how it will

impact public health and emergency preparedness surveillance.

This may include:

- The effectiveness of the applicant's plans for sharing project results.
- The impact on the community.
- The extent to which project activities will achieve the goals found in [Section I's Purpose](#).

Criterion 5: RESOURCES/CAPABILITIES (15 points) – Corresponds to Section IV's [Organizational Information](#) and [Evaluation and Technical Support Capacity](#)

- The extent to which project staff have the training or experience to carry out the project.
- The extent to which the applicant organization has capabilities to fulfill the needs of the proposed project.

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's [Budget Narrative](#)

- How reasonable the proposed budget is for each year of the period of performance.
- Whether costs, as outlined in the budget and required resources sections, are reasonable and align with the scope of work.
- Whether key staff have adequate time devoted to the project to achieve project objectives.

2. Review and Selection Process

Subject matter experts provide an impartial evaluation of your application. Then, they pass along the evaluations to us, and we decide who receives awards. See Section 5.3 of the *Application Guide* for details. When we make award decisions, we consider the following when selecting applications for award:

- How high your application ranks
- Funding availability
- Risk assessments
- Other pre-award activities, as described in Section V.3 of this NOFO

3. Assessment of Risk

If you have management or financial instability that directly relates to your ability to carry out statutory, regulatory, or other requirements, we may decide not to fund your high-

risk application ([45 CFR § 75.205](#)).

First, your application must get a favorable merit review. Then we:

- Review past performance (if it applies)
- Review audit reports and findings
- Analyze the cost of the project/program budget
- Assess your management systems
- Ensure you continue to be eligible
- Make sure you comply with any public policies.

We may ask you to submit additional information (for example, an updated budget) or to begin activities (for example, negotiating an indirect cost rate) as you prepare for an award.

However, even at this point, we do not guarantee that you'll receive an award. After a full review we'll decide whether to make an award, and if so, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and final. You cannot appeal them to any HRSA or HHS official or board.

As part of this review, we use [Responsibility / Qualification](#) (formerly named FAPIIS) to check your history for all awards likely to be over \$250,000. You can comment on your organization's information in SAM.gov. We'll consider your comments before making a decision about your level of risk.

VI. Award Administration Information

1. Award Notices

The Notice of Award (NOA) is issued on or around the [start date](#) listed in the NOFO. See Section 5.4 of the *Application Guide* for more information.

2. Administrative and National Policy Requirements

See Section 2.1 of [the Application Guide](#).

If you receive a NOA and accept the award, you agree to conduct the award activities in compliance/accordance with:

- All provisions of [45 CFR part 75](#), currently in effect.
- Other federal regulations and HHS policies in effect at the time of the award. In particular, the following provision of 2 CFR part 200, which became effective on or after August 13, 2020, is incorporated into this NOFO: [2 CFR § 200.301 Performance measurement](#).

- Any statutory provisions that apply.
- The Assurances (standard certification and representations) included in the annual SAM registration.

Accessibility Provisions and Non-Discrimination Requirements

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance ([HHS-690](#)). To learn more, see the [Laws and Regulations Enforced by the HHS Office for Civil Rights](#).

Contact the [HHS Office for Civil Rights](#) for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance. Visit [OCRDI's website](#) to learn more about how federal civil rights laws and accessibility requirements apply to your programs or contact OCRDI directly at HRSACivilRights@hrsa.gov.

Executive Order on Worker Organizing and Empowerment

[Executive Order on Worker Organizing and Empowerment \(E.O. 14025\)](#) encourages you to support worker organizing and collective bargaining. Bargaining power should be equal between employers and employees.

This may include developing policies and practices that you could use to promote worker power. Describe your plans and activities to promote this in the application narrative.

Subaward Requirements

If you receive an award, you must follow the terms and conditions in the NOA. You will also be responsible for how the project, program, or activity performs; how you and others spend award funds; and all other duties.

In general, subrecipients must comply with the award requirements (including public policy requirements) that apply to you. You must make sure your subrecipients comply with these requirements. [45 CFR § 75.101 Applicability](#) gives details.

Data Rights

All publications you develop or purchase with award funds must meet program requirements.

You may copyright any work that's subject to copyright and was developed, or for which ownership was acquired, under an award.

However, we reserve a royalty-free, nonexclusive, and irrevocable right to your copyright-protected work. We can reproduce, publish, or otherwise use the work for federal purposes and allow others to do so. We can obtain, reproduce, publish, or otherwise use any data you produce under the award and allow others to do so for federal purposes. These rights also apply to works that a subrecipient develops.

Health Information Technology (IT) Interoperability Requirements

Successful applicants under this NOFO agree that:

Where award funding involves:	Recipients and subrecipients are required to:
Implementing, acquiring, or upgrading health IT for activities by any funded entity	Use health IT that meets standards and implementation specifications adopted in 45 CFR part 170, Subpart B, if such standards and implementation specifications can support the activity. Visit https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-D/part-170/subpart-B to learn more.
Implementing, acquiring, or upgrading health IT for activities by eligible clinicians in ambulatory settings, or hospitals, eligible under Sections 4101, 4102, and 4201 of the HITECH Act	Use health IT certified under the ONC Health IT Certification Program, if certified technology can support the activity. Visit https://www.healthit.gov/topic/certification-ehrs/certification-health-it to learn more.

If standards and implementation specifications adopted in [45 CFR part 170, Subpart B](#) cannot support the activity, recipients, and subrecipients are encouraged to utilize health IT that meets non-proprietary standards and implementation specifications developed by consensus-based standards development organizations. This may include standards identified in the ONC Interoperability Standards Advisory, available at <https://www.healthit.gov/isa/>.

Human Subjects Protection

All research that was commenced or ongoing on or after December 13, 2016, and is within the scope of subsection 301(d) of the Public Health Service Act is deemed to be issued a Certificate of Confidentiality (Certificate) through and is therefore required to protect the privacy of individuals who are subjects of such research. As of March 31, 2022, HRSA will no longer issue Certificates as separate documents. More information about HRSA's policy about Certificates can be found via [this link to HRSA's website](#).

3. Reporting

Award recipients must comply with Section 6 of the *Application Guide* **and** the following reporting and review activities:

- 1) **Federal Financial Report.** The Federal Financial Report (SF-425) is required. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically. Visit [Reporting Requirements HRSA](#). More specific information will be included in the NOA.
- 2) **Progress Report(s).** The recipient must submit a progress report to us annually through the Non-Competing Continuation Renewal. The NOA will provide details.
- 3) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in SAM.gov Entity Information [Responsibility / Qualification](#) (formerly named FAPIIS), as [45 CFR part 75 Appendix I, F.3.](#) and [45 CFR part 75 Appendix XII](#) require.

VII. Agency Contacts

Business, administrative, or fiscal issues:

Contact Names and Emails:

- Hazel N. Booker at NBooker@hrsa.gov
- Leon Harrison at LHarrison@hrsa.gov
- Carla Lloyd at CLloyd@hrsa.gov
- Birom Bah at BBah@hrsa.gov
- Angela Love at ALove1@hrsa.gov

Grants Management Specialists
Division of Grants Management Operations, OFAM
Health Resources and Services Administration

Program issues or technical assistance:

Maureen Perkins
Senior Public Health Analyst, Division of Child, Adolescent and Family Health
Attn: Poison Control Centers Program
Maternal and Child Health Bureau
Health Resources and Services Administration
Call: 301-443-9163
Email: mperkins@hrsa.gov

You may need help applying through Grants.gov. Always get a case number when you call.

Grants.gov Contact Center (24 hours a day, 7 days a week, excluding federal holidays)
Call: 1-800-518-4726 (International callers: 606-545-5035)

Email: support@grants.gov

[Search the Grants.gov Knowledge Base](#)

Once you apply or become an award recipient, you may need help submitting information and reports through [HRSA's Electronic Handbooks \(EHBs\)](#). Always get a case number when you call.

HRSA Contact Center (Monday – Friday, 7 a.m. – 8 p.m. ET, excluding federal holidays)

Call: 877-464-4772 / 877-Go4-HRSA

TTY: 877-897-9910

[Electronic Handbooks Contact Center](#)

The EHBs login process changed on May 26, 2023, for applicants, recipients, service providers, consultants, and technical analysts. To enhance EHBs' security, the EHBs now uses **Login.gov** and **two-factor authentication**. Applicants, recipients, service providers, consultants, and technical analysts must have a Login.gov account for the new login process. For step-by-step instructions on creating a Login.gov account refer to the [EHBs Wiki Help page](#).

VIII. Other Information

Technical Assistance

See [TA details](#) in Summary.

Tips for Writing a Strong Application

See Section 4.7 of the *Application Guide*.

Appendix: Page Limit Worksheet

The purpose of this worksheet is to give you a tool to ensure the number of pages uploaded into your application is within the specified [page limit](#). (Do not submit this worksheet as part of your application.)

The Standard Forms listed in column 1 do not count against the page limit; however, attachments to the Standard Forms listed in column 2 do count toward the page limit. For example, the Budget Narrative Attachment Form does not count, however the attachment uploaded in that form does count against the page limit.

Standard Form Name (Forms themselves do not count against the page limit)	Attachment File Name (Unless otherwise noted, attachments count against the page limit)	# of Pages Applicant Instruction – enter the number of pages of the attachment to the Standard Form
Application for Federal Assistance (SF-424 - Box 14)	Areas Affected by Project (Cities, Counties, States, etc.)	My attachment = ____ pages
Application for Federal Assistance (SF-424 - Box 16)	Additional Congressional District	My attachment = ____ pages
Application for Federal Assistance (SF-424 - Box 20)	Is the Applicant Delinquent on Any Federal Debt?	My attachment = ____ pages
Attachments Form	Attachment 1: Work Plan	My attachment = ____ pages
Attachments Form	Attachment 2: Staffing Plan and Job Descriptions for Key Personnel	My attachment = ____ pages
Attachments Form	Attachment 3: Biographical Sketches of Key Personnel	(Does not count against the page limit)
Attachments Form	Attachment 4: Letters of Agreement, Memoranda of Understanding	(Does not count against the page limit)
Attachments Form	Attachment 5: Maintenance of Effort Documentation	My attachment = ____ pages

Standard Form Name <i>(Forms themselves do not count against the page limit)</i>	Attachment File Name <i>(Unless otherwise noted, attachments count against the page limit)</i>	# of Pages <i>Applicant Instruction – enter the number of pages of the attachment to the Standard Form</i>
Attachments Form	Attachment 6: 5 th Year Budget	<i>My attachment = ____ pages</i>
Attachments Form	Attachment 7: Project Organizational Chart	<i>My attachment = ____ pages</i>
Attachments Form	Attachment 8: Designation and Commitments	<i>(Does not count against the page limit)</i>
Attachments Form	Attachment 9: Accreditation Status	<i>(Does not count against the page limit)</i>
Attachments Form	Attachment 10	<i>My attachment = ____ pages</i>
Attachments Form	Attachment 11	<i>My attachment = ____ pages</i>
Attachments Form	Attachment 12	<i>My attachment = ____ pages</i>
Attachments Form	Attachment 13	<i>My attachment = ____ pages</i>
Attachments Form	Attachment 14	<i>My attachment = ____ pages</i>
Attachments Form	Attachment 15	<i>My attachment = ____ pages</i>
Project/Performance Site Location Form	Additional Performance Site Location(s)	<i>My attachment = ____ pages</i>
Project Narrative Attachment Form	Project Narrative	<i>My attachment = ____ pages</i>
Budget Narrative Attachment Form	Budget Narrative	<i>My attachment = ____ pages</i>

Standard Form Name <i>(Forms themselves do not count against the page limit)</i>	Attachment File Name <i>(Unless otherwise noted, attachments count against the page limit)</i>	# of Pages <i>Applicant Instruction – enter the number of pages of the attachment to the Standard Form</i>
# of Pages Attached to Standard Forms		Applicant Instruction: Total the number of pages in the boxes above.
Page Limit for HRSA-24-045 is 40 pages		My total = ____ pages