

Eligibility: Eligibility for funding under Category I is limited to certified PCCs. Centers must be certified by the American Association of Poison Control Centers or a State with equivalent standards, as determined by the Secretary. Eligibility for Category II awards is limited to non-certified PCCs.

Review Criteria: Final review criteria are included in the application kit.

Estimated Amount of This Competition: I. \$14,100,000; II. \$2,100,000.

Estimated Number of Awards: 50 and 10.

Estimated Project Period: 3 years and 2 years.

HRSA-04-065 Poison Control Centers Stabilization and Enhancement Grant Program, Financial Stabilization Grants (PCCFS)

Application Availability Date: December 30, 2003.

Application Deadline: March 1, 2004.

Projected Award Date: September 1, 2004.

Program Contact Person: I. Maxine Jones; II. Carol Delany.

Program Contact Phone: 301-443-6192; 301-443-5848.

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HRSA-04-066 Healthy Start Program: Eliminating Disparities in Perinatal Health (HSED)

CFDA: 93.926.

Legislative Authority: Public Health Service Act, Title III, Section 330 H.

Purpose: Under this program, grants will be awarded in two areas to address significant disparities in perinatal health indicators: (1) Eliminating Disparities In Perinatal Health focuses on disparities among Hispanics, Americans Indians, African Americans, Alaska Natives, Asian/Pacific Islanders, Immigrant Populations, or differences occurring by education, income, disability, or living in rural/isolated areas by enhancing a community's service system; and (2) Eliminating Disparities In Perinatal Border Health focusing on enhancing a border community's perinatal service system to address significant disparities and deficiencies in these communities. Under both grants, communities must provide a scope of project services that will cover pregnancy and interconceptional phases for women and infants residing in the proposed project area. Services are to be given to both mother and infant for two years following delivery to promote longer interconceptional periods and prevent relapses of unhealthy risk behaviors.

Eligibility: For program purposes (1) and (2) Any public or private entity,

including an Indian tribe or tribal organization (as defined at 25 U.S.C. 450b) is eligible to apply. Funding would be made available to community-based (and faith-based) projects which have: (1) Significant disparities in perinatal indicators which contribute to high infant mortality rates, among one or more subpopulations; (2) an existing active consortia of stakeholders which have underway a perinatal disparity reduction initiative for at least one year; and, (3) a feasible plan to reduce barriers, improve the local perinatal system of care, and work towards eliminating existing disparities in perinatal health. These sites must have or plan to implement/adapt Healthy Start strategies of consortium, case management, and outreach services in a culturally and linguistically sensitive manner. In addition, they must demonstrate existing/planned collaborations with key State and local services and resources systems. Such key State and local resources include Title V, Title X, Title XIX, Title XXI, WIC, Enterprise Communities/ Empowerment Zones, federally funded Community and Migrant Health Centers, federally funded Health Care for the Homeless projects, and Indian/Tribal Health Services. For program purpose (2) To apply programs must target a community/geographic area(s) with disparate perinatal indicators (such as inadequate prenatal care, anemia) that can contribute to infant mortality The selected communities must be within 62 miles of the U.S.-Mexican border, or be in Alaska or Hawaii

Review Criteria: Final review criteria are included in the application kit.

Funding Priorities: In recognition of current efforts in high risk communities, a priority consideration will occur at the time of award.

Special Considerations: For purpose (1) and (2), only 1 applicant per community/project area will be funded.

Estimated Amount of This Competition: \$6,100,000.

Estimated Number of Awards: 7.

Estimated Project Period: 4 years.

HRSA-04-066 Healthy Start Program: Eliminating Disparities in Perinatal Health (HSED)

Application Availability Date:

September 18, 2003.

Letter of Intent Deadline: October 15, 2003.

Application Deadline: December 1, 2003.

Projected Award Date: June 1, 2004.

Program Contact person: Beverly Wright.

Program Contact Phone: (301) 443-8427.

Program Contact E-Mail: BWright@HRSA.gov.

Rural Health Policy Programs

HRSA-04-001 Rural Health Care Services Outreach Grant Program (RHOGP)

CFDA: 93.912.

Legislative Authority: Public Health Service Act, Section 330A, 42 U.S.C. 254c.

Purpose: The Rural Health Care Services Outreach Grant Program supports projects that demonstrate creative or effective models of outreach and service delivery in rural communities. Applicants may propose projects to address the health care needs of a wide range of population groups and to deliver many different types of health care and health care related services in rural communities.

Eligibility:

(1) The applicant organization must be a public or nonprofit private entity located in a rural area or in a rural ZIP Code of an urban county (list included in application materials) and all services must be provided in a rural county or ZIP Code; or (2) The applicant organization exists exclusively to provide services to migrant and seasonal farm workers in rural areas and is supported under Section 330g of the Public Health Service Act or (3) The applicant is a federally recognized Native American Tribal or quasi-Tribal entity that will deliver services on Reservation or Federally recognized Tribal lands (documentation of status must be included). The entity must represent a consortium composed of members that include three or more health care providers and that may be nonprofit or for-profit entities.

Review Criteria: Final review criteria are included in the application kit.

Funding Preferences: The authorizing legislation for Rural Health Care Services Outreach Grants provides a funding preference for some applicants. Applicants receiving a preference will be placed in a more competitive position among the applications that can be funded. A funding preference will be given to any qualified applicant that can demonstrate one of the following three criteria:

(1) At least one of the consortium members is located in officially designated health professional shortage areas (HPSAs) OR medically underserved communities (MUCs) OR serve medically underserved populations (MUPs). To ascertain HPSA and MUP designation status, please refer to the following Web site: <http://bhpr.hrsa.gov/shortage/index.htm>. To