

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH RESOURCES AND SERVICES ADMINISTRATION

AGENCY AGREEMENT

OS

| | |
|--|---|
| 1. HRSA AA NUMBER 04HMCHEB04-02-03 | 3. TYPE OF AGREEMENT <input type="checkbox"/> New <input checked="" type="checkbox"/> Modification <input type="checkbox"/> Inter/Intra-agency <input type="checkbox"/> MOU-MOA <input type="checkbox"/> Other (please specify) _____ Modification Number: _____ |
| 2. PARTICIPATING AGENCY AA NUMBER (Additional participants list in Statement of Work) CPSC-IAG-02-1289; MOD #2 | |

| | |
|--|--|
| 4. TITLE OF PROJECT Clinical Toxicology Review Services | 5. AMOUNT (Not to exceed without written modification) \$ 25,000.00 |
|--|--|

6. STATEMENT OF WORK
See attachment.

| | | |
|---|---|------------------------------|
| 7. NAME AND ADDRESS OF PARTICIPATING AGENCY Consumer Product Safety Commission 4330 East West Highway Bethesda, MD 20814 | Project Officer for Participating Agency | |
| | Name Suzanne Barone | Phone Number 301-504-7256 |
| | Email Address sbarone@cpsc.gov | FAX Number 301-504-0079 |

| | | |
|---|--|------------------------------|
| 8. NAME AND ADDRESS OF HRSA PROGRAM OFFICE HRSA/Maternal and Child Health Bureau DCAFH/Injury and Emergency Medical Services Branch 5600 Fishers Lane Rockville, MD 20857 | Project Officer for HRSA Program Office | |
| | Name Byron Bailey | Phone Number 301-443-4290 |
| | Email Address bpbailey@hrsa.gov | FAX Number 301-443-1296 |

| | |
|---|--|
| 9. PROJECT PERIOD From: <u>6/18/2002</u> Through: <u>9/30/2004</u> | FUNDING PERIOD From: <u>10/1/2003</u> Through: <u>9/30/2004</u> |
|---|--|

10. LEGAL AUTHORITY

The Economy Act, section 1535 of title 31 U.S. Code.

Specific program authority: 42 U.S.C. 14805

Other (please specify): _____

11. BUDGET PLAN AND JUSTIFICATION - Provide project budget by object class; include direct and indirect costs. Justify budget.
No indirect costs

12. FUNDING (Please check "From" or "To" as appropriate.)

| a. <input type="checkbox"/> From: <input checked="" type="checkbox"/> To: CPSC | | | | | DUNS: 178771713 | |
|--|---------------|---------------------|-------------------------------|--------------|-----------------|--|
| Agency Location Code | Appropriation | Allotment/allowance | CAN Number | Object Class | Amount | |
| 61000001 | 6140100 | | 04 SA EXOB 4500 23447 111a | 11.81 | 25,000.00 | |
| | | | | | | |
| | | | | | | |
| b. <input checked="" type="checkbox"/> From: <input type="checkbox"/> To: HRSA | | | | | DUNS: 044007990 | |
| Agency Location Code | Appropriation | Allotment/allowance | CAN Number | Object Class | Amount | |
| 75-03-0030 | 7540350 | 4-51010 | 4-3893030 | 25.39 | 25,000.00 | |
| | | | | | | |
| | | | | | | |

HRSA AA NUMBER:

13. BILLING REQUIREMENTS

- a. **Administrative Billing Requirements:** HRSA's ALC IS 75-03-0030. Other Agency's ALC (required) : 61000001
- Billing is to be made through the use of the Intra-governmental Payment and Collection (IPAC) system. Please include HRSA's Official AA number from item 1 on all IPAC billings and correspondence. When funds are provided to the performing agency in advance of services being provided or goods being delivered, the performing agency agrees to provide, within 15 days of the end of each quarter, statements of obligations and expenditures made during the quarter. The statements shall be provided to the HRSA project officer listed in item 8, page 1 of this agreement, and to the following address: DHHS, PSC/FMS/DFO, Attn: IPAC Desk, Parklawn Building, 5600 Fishers Lane, Rm. 16-30, Rockville, MD 20857. (If required by other agency, HRSA's Tax Identification number is 52-0821668.)
- b. **Additional Billing Requirements (This block must be completed if procuring services under the Economy Act) :**
- All funds provided under this agreement must be obligated by the performing agency by the end of the FY in which the funds expire. Any unobligated but expired funds may not be used to fund services in subsequent periods. The HRSA Financial Management Office (FMO) must be notified of any unobligated funds pertaining to this agreement at least 15 days before the end of the FY so that the agreement may be modified to reduce the funding amount when appropriate. This notification shall be provided to the following address: DHHS, PSC/FMS/DFO, Attn: IPAC Desk, Parklawn Building, 5600 Fishers Lane, Rm. 16-30, Rockville, MD 20857.

14. OTHER REQUIREMENTS

- a. Travel under this agreement is subject to allowances authorized in accordance with Federal Travel Regulations, Joint Federal Travel Regulations, and/or Foreign Service Regulations.
- b. HRSA will retain the title to any equipment procured under this agreement, unless otherwise justified in the statement of work.
- c. Annual financial and progress reports will be submitted thirty (30) days after the end of the performance period to the HRSA Project Officer listed in item 8 of this agreement, unless otherwise specified in the statement of work.

15. ADMINISTRATIVE/FINANCIAL CONTACTS

| a. For HRSA | | b. For Participating Agency | |
|----------------------------------|-----------------------------|----------------------------------|---------------------------|
| Name Karen McNickle | | Name Cecelia R. Smith | |
| Telephone Number 301-443-1131 | Email kmcnickle@hrsa.gov | Telephone Number 301-504-7172 | Email crsmith@cpsc.gov |

16. SPECIAL PROVISIONS (please check all that apply) :

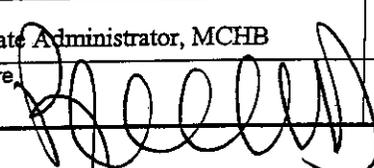
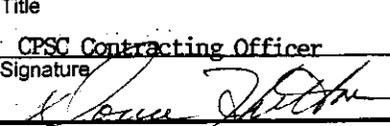
- The participating agency as a signatory to the Common Rule states that in accepting these Interagency Agreement funds, it will abide by the human subjects research requirements stated in the Common Rule, and certify that all necessary assurances and institutional review board (IRB) approvals are obtained.
- The participating agency is NOT a signatory to the Common Rule. Upon issuance of these Interagency Agreement funds, it is the responsibility of the ATSDR Division or Office to certify that all necessary assurances and institutional review board (IRB) approvals are obtained. The ATSDR Associate Administrator for Science (AAS) must determine the applicability of the Human Subjects Regulations.
- CERCLA:** The receiving agency will retain detailed and accurate records of travel expenditures, personnel hours, and all other costs under this agreement. Such documents may be required to provide the basis for cost recovery actions or other litigation. Additionally, this documentation must be available for audit or verification upon request of the DHHS and/or Participating Federal Agency Inspectors General.
- Federal Facilities:** The receiving agency will maintain an accounting system that will keep an accurate, complete, and current accounting of all financial transactions on a site-specific basis, i.e., individual time, travel, and associated costs, including indirect costs, as appropriate for the site. Such documents and records will be retained for a minimum of 10 years unless there is a litigation, claim, negotiation, audit or action involving the specific site; then records will be maintained until resolution of all issues on the specific site.
- Not Applicable**
- Other (please specify) :** _____

Please print within applicable non-signature items below.

17. MODIFICATION/CANCELLATION

This agreement may be terminated by either agency upon a 60-day advance written notice. This agreement may be modified or terminated by formal written notice from either party if there is joint agreement as evidenced by the signature of responsible officials representing both parties.

| 18. HRSA RECOMMENDING OFFICIAL | 19.a. HRSA CLEARANCE -Budget | b. HRSA CLEARANCE -Other |
|--------------------------------|------------------------------|--------------------------|
| Signature | Signature | Signature |
| Title | Title | Title |
| Date | Date | Date |

| 20. HRSA AUTHORIZATION AND ACCEPTANCE | | 21. PARTICIPATING AGENCY AUTHORIZATION AND ACCEPTANCE | |
|--|--------------------|---|-----------------------------------|
| Name Peter C. van Dyck, M.D., M.P.H. | | Name Donna Hutton | |
| Title Associate Administrator, MCHB | Email Address | Title CPSC Contracting Officer | Email Address dhutton@cpsc.gov |
| Signature  | Date DEC 8 2003 | Signature  | Date 12/30/03 |

ATTACHMENT

6. STATEMENT OF WORK

Background

In 2001, following input from an ad hoc group of national stakeholder organizations, HRSA's MCHB began the process of developing uniform guidelines for the management of poisoned patients. A competitive contract was awarded to the American Association of Poison Control Centers in collaboration with the American Academy of Clinical Toxicology and the American College of Medical Toxicology, to develop an approach to guideline development and apply it to the development of guidelines for the treatment of non-toxic exposures. In fiscal year 2002, HRSA's MCHB awarded a three-year cooperative agreement for the development of evidence-based guidelines for the management of poisoned patients.

On June 18, 2002, HRSA's MCHB entered into an Interagency Agreement with CPSC (02HMCHB009 01 01 and CPSC-IAG-02-1289) to acquire the clinical toxicology review services of Suzanne Barone, PhD. Dr. Barone has provided critical insight into the evidence-based guidelines development process.

Purpose

The purpose of this amended Agreement is to authorize funds in the amount of \$25,000 from HRSA's MCHB to CPSC to support CPSC's continued provision of technical consultation and review of the guidelines developed for the management of poisoned patients. Assistance provided under this Agreement shall include attendance at guidelines development consensus panel meetings and the subsequent provision of feedback, as needed; reviewing and providing written comments on all guidelines-related documents provided by the guidelines development consensus panel and the American Association of Poison Control Centers; and attendance at the North American Congress of Clinical Toxicology in Seattle, Washington on September 9 - 14, 2004, to participate in a session about the patient management guidelines.

Travel

Travel, as deemed necessary by HRSA to accomplish the objectives of this Agreement, is included in the Agreement funding total and will be reimbursed to the traveler by CPSC.