

Amendment II, made on 5/26/2010 to Funding Opportunity GH-10-1004:

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Amendment I, made on 4/26/2010 to Funding Opportunity GH-10-1004:

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention (CDC)

Cooperative Agreement with the Kenya Ministry of Public Health and Sanitation

(KMOPHS)

I. AUTHORIZATION AND INTENT

Announcement Type: New

Funding Opportunity Number: CDC-RFA-GH10-1004

Catalog of Federal Domestic Assistance Number: 93.283

Application Deadline: *June 9, 2010, 5pm U.S. Eastern Standard Time*

Authority: This program is authorized under the Public Health Service Act, Sections 301(a)[42 U.S.C. 241(a)], 307 [42 U.S.C. 2421], as amended as well as under Public Law 108-25 (the United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003) [22 U.S.C. 7601, et seq.] and Public Law 110-293 (the Tom

Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis and Malaria Reauthorization Act of 2008) [42 U.S.C. 300cc-40a et seq]

Purpose:

The Center for Global Health (CGH) of HHS/CDC is committed to achieving the health-promotion and disease prevention objectives of "Healthy People 2010," and to measuring program performance, as stipulated by the Government Performance and Review Act (GPRA). This FOA addresses "Healthy People 2010" priority area(s) of Food Safety; Health Communication; HIV; Immunization and Infectious Diseases; Maternal, Infant and Child Health; Public Health Infrastructure; Respiratory Diseases; and Sexually Transmitted Diseases, and is in alignment with HHS/CDC performance goal(s) to protect Americans from infectious diseases by providing global health promotion, health protection and health diplomacy. For more information, see www.health.gov/healthypeople and www.whitehouse.gov/omb/mgmt-gpra/.

Measurable outcomes of the program will be in alignment with one (or more) of the Global Health Center's priority areas identified in "Protecting the Nation's Health in an Era of Globalization: CDC's Global Strategy for Addressing Infectious Diseases". Priority areas for this cooperative agreement include: 1) implementation of proven disease prevention and control interventions, 2) application of proven public health tools, 3) identification of potential global initiatives for disease control and, 4) public health training and capacity building.

The purpose of this co-operative agreement is to address the following public health practice goals:

1. To conduct on a national level, public health surveillance and epidemiological assessments on issues affecting disease, premature death, and quality of life ; develop high quality laboratory systems and diagnostic capacity; and, implement evidence-based public health programs on the following: infectious diseases with an emphasis on HIV/AIDS (not limited to blood safety, injection safety, infection control, and medical waste management), Malaria, Emerging and Re-emerging Infectious, Neglected Tropical Diseases, Tuberculosis, Influenza and other diseases with pandemic potential as well as Environmental Health issues, Chronic Diseases, Maternal and Child Health, Reproductive Health, Public Health Preparedness, Bio-safety, and Injury Control and Prevention.
2. To provide training opportunities for public health professions, including laboratorians, Ministry of Public Health and Sanitation staff, university and graduate level select students and other program implementers in health assessment and epidemiology, evidence-based program planning, program implementation, program evaluation, data collection and analysis as well as personnel, financial and administrative management.
3. To strengthen the Ministry of Public Health and Sanitation's institutional capability to plan, implement and evaluate evidence-based public health programs, conduct public health surveillance, carry-out epidemiological analysis that support national and regional disease prevention and control efforts.

4. To incorporate the results of program evaluations into operational disease prevention and control programs, insure the sharing of expertise and lessons learned nationally, regionally and internationally, and use the results to develop science-based health policies and guidelines.

Project Objectives:

Applicant must provide one or more Projects related to each public health practice goal identified under Purpose in Section I. AUTHORIZATIONS AND INTENT.

Each Project must describe the health problem or issue addressed. Each Project must have an objective or objectives that are specific, measurable, achievable, relevant and time phased. Each objective must be part of an operational plan that includes key activities, a proposed time line and a plan of evaluation and a list of collaborators and/or key personnel who are responsible for the Project. Listed below are recommended key activities that must be carried out through the various Projects within this cooperative agreement. **NOTE: Applicant is not limited to these activities, but all of the key activities must be addressed.**

II. PROGRAM IMPLEMENTATION

Recipient Activities:

Recipient activities for this cooperative agreement are as follows:

- A. Conduct public health surveillance and carry-out epidemiological assessments in targeted areas to determine disease prevalence, infrastructure capacity and others factors associated with the delivery of public health interventions.

- B. Implement evidence-based public health projects.
- C. Conduct high quality project evaluations based on proven approaches, good science and sound epidemiology.
- D. Develop, implement, and evaluate appropriate plans to train staff in the essential skills to support the goals of this cooperative agreement: technical (HIV/AIDS prevention, care, and treatment, program implementation), scientific (epidemiology, surveillance, outbreak investigation) and managerial (cooperative agreement management, financial management, human resource administration).
- E. Conduct the appropriate national and international dissemination forums at all levels to ensure that epidemiological and project evaluation findings are translated into public health practice in the Republic of Kenya. Lead the primary development and submission of publications and oral presentations to ensure dissemination of results from public health surveillance, evaluations, and assessments.
- F. Initiate and lead in the planning, implementation and evaluation of public health projects and activities that lead to improved health outcomes for all Kenyans
- G. Disseminate results of surveillance, intervention planning, execution and evaluation results through written publications, oral presentations, or other means.
- H. Recipient may in some instances use funds for construction or renovation of facilities in support of recipient activities identified above; however, prior approval by CDC officials must be requested in writing and approval granted.

CDC Activities:

In this cooperative agreement, CDC staff are substantially involved in the above listed program activities to a much greater extent than routine grant monitoring.

CDC activities with this cooperative agreement are as follows:

1. Organize an orientation briefing meeting with the awardee to brief it on applicable U.S. Government, HHS, and Emergency Plan expectations, regulations and key management requirements, as well as report formats and contents.
2. Review and approve the process used by the awardee to select key personnel and/or post-award subcontractors and/or sub awardees to be involved in the activities performed under this agreement.
3. Review and approve the awardee's annual work plan and detailed budget.
4. Review and approve the awardee's monitoring-and-evaluation plan.
5. Meet on a monthly basis with the awardee to assess monthly expenditures in relation to approved work plan and modify plans, as necessary.
6. Meet on a quarterly basis with the awardee to assess quarterly technical and financial progress reports and modify plans as necessary.
7. Meet on an annual basis with the awardee to review annual progress report for each U.S. Government Fiscal Year, and to review annual work plans and budgets for subsequent year.
8. Provide technical assistance, as mutually agreed upon, and revise annually during validation of the first and subsequent annual work plans.

9. Provide in-country administrative support to help awardee meet U.S. Government financial and reporting requirements approved by the Office of Management and Budget (OMB) under 0920-0428 (Public Health Service Form 5161).
10. Collaborate with the awardee on designing and implementing the activities listed above, including, but not limited to the provision of technical assistance to develop program activities, data management and analysis, quality assurance, the presentation and possibly publication of program results and findings, the development and support of a long term disease prevention and control agency, and the management and tracking of finances. Advise and assist in the provision of special reagents or other materials as needed.
11. Provide consultation and scientific and technical assistance based on appropriate HHS/CDC documents to promote the use of best practices known at the time.
12. Assist the awardee in developing and implementing quality-assurance criteria and procedures.
13. Facilitate in-country planning and review meetings for technical assistance activities.
14. Provide technical oversight for all activities under this award.
15. Provide ethical reviews, as necessary, for evaluation activities, including from HHS/CDC headquarters.
16. Assist by providing technical assistance as needed in support of planned program planning, implementation and evaluation of disease intervention activities as well as training activities. This includes assistance with the ongoing development of monitoring systems related to data collection and the evaluations of program activities. Also, it may include the identification of best practices both programmatic

and managerial and the establishment of systems to assure the accomplishment of approved objectives.

17. Provide intervention planning support and assistance for program personnel through short- and long-term exchanges of experts.

18. Provide intervention planning support and training; participate in advising on disease assessment, disease intervention and control methods, establishment of evaluation protocols, epidemiological reviews, data management and analysis; assist with program planning, implementation, and evaluation; and help to disseminate information through publications and other relevant means.

19. Assist in the translation of program evaluation findings into public health practice and ensure sharing of expertise and lessons learned with other nations.

III. AWARD INFORMATION AND REQUIREMENTS

Type of Award: Cooperative Agreement - CDC involvement in this program is listed in the Activities Section above.

Mechanism of Support: Program Activity Code – U19 – Non -Research Program Cooperative Agreement.

Fiscal Year Funds: 2010

Approximate Total Funding: \$8,000,000 (This amount is an estimate, and is subject to availability of funds.)

Approximate Number of Awards: One (1)

Approximate Average Award: \$8,000,000 (This amount is for the first 12-month budget period.)

Floor of Award Range: None

Ceiling of Award Range: None

Anticipated Award Date: September, 15, 2010

Budget Period Length: 12 months

Project Period Length: Five (5) years

Throughout the project period, CDC's commitment to continuation of awards will be conditional based on the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the Federal Government.

IV. ELIGIBILITY

Eligible Applicants

Assistance will be provided only to the Kenya Ministry of Public Health and Sanitation (KOMPHS). No other applications are solicited. KMOPHS is the most appropriate and qualified agency to conduct the activities specified under this cooperative agreement because:

1. The Kenyan Ministry of Health and Public Health Sanitation (KMOPHS) is the only organization in Kenya that possesses the requisite legal authority and expertise, the infrastructure capacity and who has the primary responsibility within the Kenyan government to address public health issues. These combined attributes make them uniquely qualified as the only organization eligible in Kenya for carrying out the broad,

comprehensive and long-term public health program activities proposed for this cooperative agreement.

2. KMOPHS has been collaborating with numerous health agencies both nationally and internationally, including CDC, on priorities health issues affecting the health and quality of life for the people of Kenya for many years. They have the ability to utilize existing public health networks and other partners to assure the accomplishment of broad public health goals as required in this expansive “umbrella” cooperative agreement.

3. KMOPHS is the key Kenyan governmental agency that will enable CDC to execute its approved global health strategy. Specifically, the Center for Global Health (CGH) working through its strong partnerships with Ministries of Health, will assure the implementation and evaluation of evidence-based public health programs that will result in the prevention and control of premature death, disease and disability in Kenya.

Cost Sharing or Matching

Matching funds are not required for this program, however it should be noted that the Kenyan Ministry of Health and Public Sanitation receives funding from the Republic of Kenya for related activities and provides in kind contributions such as facilities, staff and other resources for public health activities.

Other

CDC will accept and review applications with budgets greater than the ceiling of the award range. However, KMOPHS budgets submitted must specify in detail, the funding to each sub-agency to receive funding and funding to each specify project.

Note: Title 2 of the United States Code Section 1611 states that an organization described in Section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting an award, grant, or loan.

V. APPLICATION CONTENT

Executive Summary – Applicant is required to provide a one page or less brief summary that describes the health problem(s) or issue(s) being addressed and the overall public health approach being proposed. The summary must relate to the purpose identified on page 2 of this announcement. The summary should be submitted in the following format:

- Font size: 12 point unreduced, Times New Roman
- Single Spaced
- Paper size: 8.5 X 11 inches
- Page Margin: One inch

Project Application – Applicant must provide one or more Projects related to each Purpose identified in Section I. Authorization and Intent. For each Project proposed, applicant is to provide the following:

- Purpose and Intent – (Health Problem or Issue being addressed)

- Objective or Objectives – (Must be specific, measureable, achievable, realistic and time-phased)
- Activities – (Under each objective)
- Plan of Evaluation – (For each Objective)
- List of Partners or Collaborators (Resumes, Vitas, Letters of Support can be attached)
- Budget (By Budget Category with a written budget justification – can be attached on in a separate section)

Project Application should be submitted in the following format:

- Not to exceed 7 pages per Project (Budget and Written Budget Justification pages not to be counted)
- Singled Spaced
- Paper size:8.5 x 11 inches
- Font size: 12 pt. unreduced, Times New Roman

Application Submission

Registering your organization through www.Grants.gov, the official agency-wide E-grant website, is the first step in submitting an application online. Registration information is located on the “Get Registered” screen of www.Grants.gov. Please visit www.Grants.gov at least 30 days prior to submitting your application to familiarize yourself with the registration and submission processes. The “one-time” registration process will take three to five days to complete. However, the Grants.gov registration process also requires that you register your organization with the Central Contractor

Registry (CCR) annually. The CCR registration can require an additional one to two days to complete.

Note: Application submission is not concluded until successful completion of the validation process.

After submission of your application package, applicants will receive a “submission receipt” email generated by Grants.gov. Grants.gov will then generate a second e-mail message to applicants which will either validate or reject their submitted application package. This validation process may take as long as two (2) business days. Applicants are strongly encouraged check the status of their application to ensure submission of their application package is complete and no submission errors exists. To guarantee that you comply with the application deadline published in the Funding Opportunity Announcement, applicants are also strongly encouraged to allocate additional days prior to the published deadline to file their application. Non-validated applications will not be accepted after the published application deadline date.

In the event that you do not receive a “validation” email within two (2) business days of application submission, please contact Grants.gov. Refer to the email message generated at the time of application submission for instructions on how to track your application or the Application User Guide, Version 3.0 page 57.

Submit the application electronically by using the forms and instructions posted for this funding opportunity on www.Grants.gov. If access to the Internet is not available or if the applicant encounters difficulty in accessing the forms on-line, contact the HHS/CDC Procurement and Grant Office Technical Information Management Section (PGO TIMS) staff at (770) 488-2700 for further instruction.

Dun and Bradstreet Universal Number (DUNS)

The applicant is required to have a Dun and Bradstreet Data Universal Numbering System (DUNS) identifier to apply for grants or cooperative agreements from the Federal government. The DUNS is a nine-digit number which uniquely identifies business entities. There is no charge associated with obtaining a DUNS number. Applicants may obtain a DUNS number by accessing the [Dun and Bradstreet website](http://www.DunandBradstreet.com) or by calling 1-866-705-5711.

Electronic Submission of Application:

Applications must be submitted electronically at www.Grants.gov. The application package can be downloaded from www.Grants.gov. Applicants can complete the application package off-line, and then upload and submit the application via the Grants.gov Web site. The applicant must submit all application attachments using a PDF file format when submitting via Grants.gov. Directions for creating PDF files can be found on the Grants.gov Web site. Use of file formats other than PDF may result in the file being unreadable by staff.

Applications submitted through Grants.gov (<http://www.grants.gov>), are electronically time/date stamped and assigned a tracking number. The AOR will receive an e-mail

notice of receipt when HHS/CDC receives the application. The tracking number serves as a receipt of submission.

If the applicant encounters technical difficulties with Grants.gov, the applicant should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7 days a week. The Contact Center provides customer service to the applicant community. The extended hours will provide applicants support around the clock, ensuring the best possible customer service is received any time it's needed. You can reach the Grants.gov Support Center at 1-800-518-4726 or by email at support@grants.gov. Submissions sent by e-mail, fax, CD's or thumb drives of applications will not be accepted.

Organizations that encounter technical difficulties in using www.Grants.gov to submit their application must attempt to overcome those difficulties by contacting the Grants.gov Support Center (1-800-518-4726, support@grants.gov). After consulting with the Grants.gov Support Center, if the technical difficulties remain unresolved and electronic submission is not possible to meet the established deadline, organizations may submit a request prior to the application deadline by email to PGO TIMS for permission to submit a paper application. An organization's request for permission must: (a) include the Grants.gov case number assigned to the inquiry, (b) describe the difficulties that prevent electronic submission and the efforts taken with the Grants.gov Support Center (c) be submitted to PGO TIMS at least 3 calendar days prior to the

application deadline. Paper applications submitted without prior approval will not be considered.

If a paper application is authorized, the applicant will receive instructions from PGO TIMS to submit the original and two hard copies of the application by mail or express delivery service.

IV.3. Submission Dates and Times

Application Deadline Date: *June 9, 2010*

Explanation of Deadlines: Application must be successfully submitted to Grants.gov by 5:00pm Eastern Standard TIME on the deadline date.

This announcement is the definitive guide on application content, submission and deadline. It supersedes information provided in the application instructions. If the application submission does not meet the deadline published herein, it will not be eligible for review and the applicant will be notified the application did not meet the submission requirements.

IV.4. Intergovernmental Review of Applications

Executive Order 12372 does not apply to this program.

IV.5. Funding restrictions

Restrictions, which must be taken into account while writing your budget, are as follows:

- Funds may be spent for reasonable program purposes, including personnel, travel, supplies, and services. Equipment may be purchased if deemed necessary to accomplish program objectives, however, prior approval by CDC officials must be requested in writing.
- The costs that are generally allowable in grants to domestic organizations are allowable to foreign institutions and international organizations, with the following exception: With the exception of the American University, Beirut and the World Health Organization, Indirect Costs will not be paid (either directly or through sub-award) to organizations located outside the territorial limits of the United States or to international organizations regardless of their location.
- The applicant may contract with other organizations under this program; however the applicant must perform a substantial portion of the activities (including program management and operations, and delivery of prevention services for which funds are required.)
- All requests for funds contained in the budget, shall be stated in U.S. dollars. Once an award is made, CDC will not compensate foreign grantees for currency exchange fluctuations through the issuance of supplemental awards.
- You must obtain annual audit of these CDC funds (program-specific audit) by a U.S. - based audit firm with international branches and current licensure/authority in-country, and in accordance with International Accounting Standards or equivalent standard(s) approved in writing by CDC.

- A fiscal Recipient Capability Assessment may be required, prior to or post award, in order to review the applicant's business management and fiscal capabilities regarding the handling of U.S. Federal funds.

HIV Programs (GAP) language that may also be applicable:

- Funds received from this announcement will not be used for the purchase of antiretroviral drugs for treatment of established HIV infection (with the exception of nevirapine in Prevention of Mother-to-Child Transmission (PMTCT) cases and with prior written approval), occupational exposures, and non-occupational exposures and will not be used for the purchase of machines and reagents to conduct the necessary laboratory monitoring for patient care.
- No funds appropriated under this announcement shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.
- No funds made available under this announcement may be used to provide assistance to any group or organization that does not have a policy explicitly opposing prostitution and sex trafficking. This written statement of certification must be signed by authorized person(s) within the applicant group or organization, including the individuals submitting the application. No funds made available under this solicitation may be used to promote or advocate the legalization or practice of prostitution or sex trafficking. Nothing in the preceding sentences shall be construed to preclude the provision to individuals of palliative

care, treatment, or post-exposure pharmaceutical prophylaxis, and necessary pharmaceuticals and other commodities, including test kits, condoms, and, when proven effective, microbicides.

- Funds relating to the conduct of research will not be released until the appropriate assurances and Institutional Review Board approvals, both CDC and applicable Kenyan authorities are in place.
- Indirect costs will not be provided on HHS Cooperative Agreements to international or foreign organizations where the activities are performed entirely outside the territorial limits of the United States.

IV.6. Other Submission Requirements

At the time of submission, three additional copies of the application and all copies of the appendix material must be sent to:

Ronald R. Stoddard

Public Health Advisor/Project Officer

Center for Global Health

Centers for Disease Control and Prevention

1600 Clifton Road, MS-69

Atlanta, GA 30333

Telephone: 404-639-4208

Email – RRS1@CDC.GOV

VI. APPLICATION REVIEW INFORMATION

Applicants are required to provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of the cooperative agreement.

Measures of effectiveness must relate to the goals stated in the “Purpose” section of this announcement. Measures must be objective and quantitative, and must measure the intended outcome. These measures of effectiveness must be submitted with the application and will be an element of evaluation.

Evaluation Criteria

The goals of CDC-supported public health practice as well as program and training activities are to advance the understanding of biological systems, improve the control and prevention of disease and injury, and enhance health. In the written comments, reviewers may be asked to evaluate the application in order to judge the likelihood that the proposed Projects will have a substantial impact on the pursuit of these goals.

Your application will be evaluated against the following criteria:

1. Background and Need (10 points):

Extent to which applicant's discussion of the background for the proposed project(s) demonstrates a clear understanding of the purpose and objectives of this cooperative agreement program. Extent to which applicant illustrates and justifies the need for the proposed project that is consistent with the purpose and objectives of this program.

2. Capacity (20 points total):

- a. Extent to which applicant describes adequate resources and facilities (both technical and administrative) for conducting the project. This includes the capacity to conduct quality laboratory measurements. (10 points)
- b. Extent to which applicant documents that professional personnel involved in the project are qualified and have past experience and achievements in research and programs related to that proposed as evidenced by curriculum vitae, publications, etc. (10 points)

3. Objectives and Technical Approach (45 points total):

- a. Extent to which applicant describes specific objectives of the proposed program that are consistent with the purpose and goals of this announcement and which are measurable and time-phased.(15 points)
- b. Extent to which the applicant identifies appropriate populations for study or intervention, with an adequate size to assure significance. (15 points)
- c. Extent to which applicant presents a detailed operational plan for initiating and conducting the program, which clearly and appropriately addresses all recipient activities. Extent to which applicant clearly identifies specific assigned responsibilities for all key professional personnel. Extent to which the plan clearly describes applicant's technical approach/methods for developing and

conducting the proposed program and evaluation and extent to which the plan is adequate to accomplish the program objectives. (15 points)

4. Plan of Evaluation (25 points total):

Extent to which applicant provides a detailed and adequate plan for evaluating program results. This includes plans for evaluating objectives, specific project objectives as well as plans for evaluating overall measures of effectiveness. (25 points)

5. Budget (not scored):

- a. Extent to which the proposed budget is reasonable, clearly justifiable, and consistent with the intended use of cooperative agreement funds.
- b. Clarity of the budget in relation to sub agency awards and the breakdown of budgets by project.

6. Human Subject (not scored): Does the application adequately address the requirements of Title 45 CFR Part 46 for the protection of human subjects?

V.2. Review and Selection Process

Applications will be reviewed for completeness by the Procurement and Grants Office (PGO) staff and for responsiveness by Center for Global Health. Incomplete applications and applications that are non-responsive to the eligibility criteria will not advance through the review process. Applicants will be notified that their application did

not meet submission requirements. An objective review panel will evaluate complete and responsive applications according to the criteria listed in the “V.1. Criteria” section above.

Anticipated Announcement and Award Date:

September 15, 2010

VI. AWARD ADMINISTRATION INFORMATION

Award Notices

Successful applicants will receive a Notice of Award (NoA) from the CDC Procurement and Grants Office. The NoA shall be the only binding, authorizing document between the recipient and CDC. The NoA will be signed by an authorized Grants Management Officer, and mailed to the recipient fiscal officer identified in the application.

Unsuccessful applicants will receive notification of the results of the application review by mail.

Administrative and National Policy Requirements

45 CFR Part 74 and Part 92

For more information on the Code of Federal Regulations, see the National Archives and Records Administration at the following Internet address:

<http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>

The following additional requirements apply to this project:

- AR-1 Human Subjects Requirements

- AR-2 Requirements for Inclusion of Women and Racial and Ethnic Minorities in Research
- AR-4 HIV/AIDS Confidentiality Provisions
- AR-5 HIV Program Review Panel Requirements
- AR-6 Patient Care
- AR-7 Executive Order 12372
- AR-8 Public Health System Reporting Requirements
- AR-9 Paperwork Reduction Act Requirements
- AR-10 Smoke-Free Workplace Requirements
- AR-11 Healthy People 2010
- AR-12 Lobbying Restrictions
- AR-13 Prohibition on Use of CDC Funds for Certain Gun Control Activities
- AR-14 Accounting System Requirements
- AR-15 Proof of Non-Profit Status
- AR-16 Security Clearance Requirement
- AR-17 Peer and Technical Reviews of Final Reports of Health Studies-ATSDR
- AR-18 Cost Recovery-ATSDR
- AR-19 Third Party Agreements-ATSDR
- AR-20 Conference Support
- AR-21 Small, Minority, and Women-Owned Business
- AR-22 Research Integrity
- AR-23 States and Faith-Based Organizations
- AR-24 Health Insurance Portability and Accountability Act Requirements

- AR-25 Release and Sharing of Data

Additional information on these requirements can be found on the CDC web site at the following Internet address: <http://www.cdc.gov/od/pgo/funding/ARs.htm>.

TERMS AND CONDITIONS

Reporting requirements

You must provide CDC with an original, plus two hard copies of the following reports:

- a. Interim progress report, (use form PHS 2590, OMB Number 0925-0001, rev. 5/2001 as posted on the CDC website) no less than 90 days before the end of the budget period. The progress report will serve as your non-competing continuation application.
2. Financial status report, no more than 90 days after the end of the budget period.
3. Final financial and performance reports, no more than 90 days after the end of the project period.

These reports must be mailed to the Grants Management Specialist listed in the “Agency Contacts” section of this announcement.

VII. Agency Contacts

We encourage inquiries concerning this announcement.

For programmatic technical assistance, contact:

Ronald R. Stoddard

Public Health Advisor/Project Officer
Center for Global Health
Centers for Disease Control and Prevention
1600 Clifton Road MS- 69
Atlanta, GA 30333
Telephone: 404-639-4208
Email – RRS1@CDC.GOV

For financial, grants management, or budget assistance, contact:

Randolph Williams, Grants Management Specialist
CDC Procurement and Grants Office
2920 Brandywine Road
Atlanta, GA 30341
Telephone: (770) 488-8382
E-mail: ew1@cdc.gov

For application submission questions, contact:

Technical Information Management Section
CDC Procurement and Grants Office
2920 Brandywine Road

Atlanta, GA 30341

Telephone: 770-488-2700

Email: pgotim@cdc.gov

Other Information

This and other CDC funding opportunity announcements can be found on

www.grants.gov.