

This is an amendment to funding opportunity number CDC-RFA-PS10-10108

Pages 51 to 56: **Appendix A.**

**Questions & Answers for Funding Opportunity Announcement
CDC-RFA- PS10-10108**

Question:

On page 16 of the announcement, it states an anticipated award date of 1 July 2010. Does that mean that project years will be as follows:

*Year 1: July 2010 – April 2011
Year 2: April 2011 – March 2012
Year 3: April 2012 – March 2013
Year 4: April 2013 – March 2014
Year 5: April 2014 – March 2015*

Response:

This FOA has been modified to reflect an anticipated award date of September 30, 2010.

All budget periods are twelve months; for example, if the initial start date is September 30, 2010 the budget period will end on September 29, 2011, the second budget period will be September 30, 2011 to September 29, 2012, etc. through the five year project period.

Question:

*In regard to the budget ceiling the FOA (page 16) mention as follows:
Approximate Total Project Period Funding: \$20,000,000 (This amount is an estimate, and is subject to availability of funds and includes direct costs and indirect costs in the case of domestic grantees.) Approximate Number of Awards: Three Approximate Average Award: \$2,102,500 (This amount is for the first 12 month budget period, and includes direct costs and indirect costs in the case of domestic grantees.) Floor of Individual Award Range: None Ceiling of Individual Award Range: \$4,000,000 (This ceiling is for the first 12 month budget period and includes direct costs and indirect costs in the case of domestic grantees.)*

A. We will like to clarify the ceiling for the first year as you write approximate average award (\$2,102,500) and later ceiling for individual awards (\$4,000,000). Please confirm if each application has a ceiling of 4 million for the first year.

Response:

As stated in the FOA, an approximate average award amount is \$2,102,500 and the maximum amount (ceiling) for any individual award is \$4,000,000 for the first 12 month budget period and includes direct costs and indirect costs in the case of domestic grantees.

B. As CDC is looking for 3 organisations - we will like to request if we preferably should make an application with a budget for year one of about 2 million (in spite of the ceiling of 4 mill)

Response:

The FOA states three awards is an approximate number. Potential applicants should prepare the application based upon the organization's capability.

C. No budget for the 5 years is requested but we will need to make an estimation in order to plan activities. Could we possibly get an indication of the total expected budget for one organisation over the 5 years (taking into consideration that 3 awards is expected to be granted with a total of 20 million available)

Response:

The FOA states the application, including the budget, is required to address the total project period of five years.

Question:

In regard to goals (Page 6) the FOA mentions that "the applicant will meet the following targets in the first year of the project:"

- we will like to confirm if these are the target for each of the 3 expected awards or the total targets.

Response:

These are the total targets.

Question:

The FOA mention that "Awards under this announcement will support activities in multiple technical areas to support HIV/AIDS prevention, and care and treatment in the eight districts of Zambia's Eastern

Province: Chipata, Chadiza, Chama, Katete, Petauke, Nyimba, Mambwe and Lundazi." We will like to confirm weather we shall apply for activities in all the 8 districts or if operation areas are supposed to be shared between the 3 expected awards?

Response:

The intent of the FOA is to award funds to cover all of the activities described.

Question:

In the FOA it talks about three major program areas, pg. 3, as follows;

HHS/CDC focuses on two or three major program areas in each country. Goals and priorities include the following:

- *Achieving primary prevention of HIV infection through activities such as expanding confidential counseling and testing programs linked with evidence based behavioral change and building programs to reduce mother-to-child transmission;*
- *Improving the care and treatment of HIV/AIDS, sexually transmitted infections (STIs) and related opportunistic infections by improving STI management; enhancing laboratory diagnostic capacity and the care and treatment of opportunistic infections; interventions for intercurrent diseases impacting HIV infected patients including tuberculosis (TB); and initiating programs to provide anti-retroviral therapy (ART);*
- *Strengthening the capacity of countries to collect and use surveillance data and manage national HIV/AIDS programs by expanding HIV/STI/TB surveillance programs and strengthening laboratory support for surveillance, diagnosis, treatment, disease monitoring and HIV screening for blood safety.*

Are these to be taken as the CDC goals/priorities which are relevant for this FOA?

Response:

Yes.

Question:

On pg. 4/5 the FOA talks about priorities as follows;

The programming priorities within this announcement are:

- *Training and mentoring of health workers in the prevention of mother to child transmission (PMTCT), Antenatal Clinic (ANC), ART, post-natal services, STI screening, HIV rapid testing, and TB Acid-fast bacillus (AFB) smear microscopy;*

- *Roll out of routine, confidential counseling and testing (CT) services;*
- *Intensification of TB case identification, infection control, and screening of TB in HIV infected individuals;*
- *Coordination of services through the strengthening of district, health center, and community TB/HIV coordinating committees;*
- *Strengthened monitoring and evaluation of TB/HIV, PMTCT, and CT data collection and analysis;*
- *Implementation of internal evaluation results and best practices; and*
- *Facilitating linkages between health facilities and communities.*

On pg. 6 it talks about measurable outcomes as follows;

Measurable outcomes of the program will be in alignment with one (or more) of the following performance goal(s):

- 1. Increased access to improved TB/HIV care, treatment, and support;*
- 2. Increased access to improved routine, confidential counseling and testing;*
- 3. Increased access to improved PMTCT services;*
- 4. Increased capacity of health workers;*
- 5. Enhanced referral networks;*
- 6. Strengthened linkages between communities and health resources; and*
- 7. Increased collaboration and coordination with U.S. Government agencies, multi-lateral organizations, and GRZ institutions.*

Further on, pg. 25, the FOA specifies part of the narrative format as follows;

- *Project Goals and Objectives: Describe the overall goals of the project, and specific objectives that are measurable and time phased, consistent with the objectives and numerical targets of the Emergency Plan and for this Cooperative Agreement program as provided in the “Purpose” Section at the beginning of this Announcement;*
- *Project Outputs: Be sure to address each of the program objectives listed in the “Purpose” Section of this Announcement. Measures must be specific, objective and quantitative so as to provide meaningful outcome evaluation;*

Can you please clarify the links between what you refer to as programming priorities and outcomes (pg. 4/5 and 6) and what you are looking for in the narrative in regard to Goals, Objectives and Outputs (pg. 25); for instance do you consider outcomes and outputs to be the same thing?

Response:

The priorities and goals stated in FOA describe the intent of the announcement and the activities in the application should align with this intent. Outcomes and outputs are not the same thing. The application should describe the outputs that will lead to the stated desired outcomes.

Question:

We are leading a consortium of local and international NGOs to respond to the FOA. We have a very strong mix of partners, who complement one another exceptionally well, and we are fully convinced that we can cover all the requested technical and geographical areas in the FOA. We do have a question related to this: Will CDC accept a single proposal that responds to all aspects of the FOA?

Response:

Yes.

Question:

The revised scoring criteria (pg. 38 to pg. 42 of the revised FOA) only add up to 85 points. Is this correct?

Response:

The first review criterion was not published in the amended FOA:

Ability to Carry Out the Proposal (15 points):

Is there evidence of leadership support and evidence of current or past efforts to enhance HIV prevention? Does the applicant have the capacity to reach rural and other underserved populations in Zambia? Does the organization have the ability to target audiences that frequently fall outside the reach of the traditional media, and in local languages? To what extent does the applicant provide letters of support?

Question:

We would like to include additional information in the annexes over and above that which is stated as required (pg. 27/8 of the revised FOA). If we keep within the 80 pg. limit will this information be considered in reviewing our application?

Response:

The FOA states:

Additional information may be included in the application appendices. The appendices will not be counted toward the narrative page limit. The total amount of appendices must not exceed 80 pages and can only contain information related to the following:

Project Budget Justification

Job descriptions Curricula vitae

Applicant's Corporate Capability Statement

Letters of Support

Evidence of Legal Organizational Structure

Question:

Can we include corporate capability details for all members of our consortium in the corporate capability statement or are we restricted to capability information about the consortium leader only?

Response:

Please see above.

Question:

We would like to clarify a provision under the funding restriction section of the above subject FOA (page 30) which states the following:

“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.”

We understand that the above requirement means non-US entities will not be allowed to charge indirect costs to the award. However, if the non-US entity provides a sub-award to a US based non-profit entity that has a NICRA with US government, the subrecipient is allowed to charge NICRA as part of their cost, in line with the cost principles provided in OMB Circular A-122 which applies to the sub-recipient. Please confirm if this understanding is correct.

Response:

Yes.

Question:

Please advise where applicants can access the Five Year Strategy for the President’s Emergency Plan and the Partnership Framework for Zambia.

Response:

Emergency Plan information is available at <http://www.pepfar.gov>.

The Partnership Framework with the Government of the Republic of Zambia (GRZ) is still in active development and has not been completed and signed yet. However, the general principles of the partnering with the GRZ, supporting and strengthening the national HIV/AIDS strategies, and establishing transparency, accountability, and active participation will be applied in the implementation of this FOA.

Question:

The page limit is 25 pages. Does this include a cover page, a list of acronyms and the table of context.

Response:

The cover page, acronyms and table of contents are separate from the Project Narrative.

Question:

Shall the text in the appendix be written with double spacing or can it be in single spacing. (ex for the budget notes and job-discriptions)

Response:

There are no formatting requirements stated in the FOA for appendices.

Question:

One the requirements in the project narrative is a timeline (e.g. GANTT Chart). Would it be OK to provide a simple timeline under the project narrative and a full GANTT chart as appendix ?

Response:

Yes.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)

Centers for Disease Control and Prevention (CDC)

**Improving Access to and Delivery of HIV/AIDS Services by Strengthening
Community and Health Center Linkages in the Eastern Province of the Republic of
Zambia Under the President's Emergency Plan for AIDS Relief (PEPFAR)**

I. Authorization of Intent

Announcement Type: New

Funding Opportunity Number: CDC-RFA-PS-10-10108

Health Impact Number: 2943

Catalog of Federal Domestic Assistance Number: 93.067

Application Deadline: March 30, 2010

Key Dates:

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.

Authority:

This program is authorized 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).

Background:

The President's Emergency Plan for AIDS Relief (PEPFAR) has called for immediate, comprehensive and evidence based action to turn the tide of global HIV/AIDS. As called for by the PEPFAR Reauthorization Act of 2008, initiative goals over the period of 2009 through 2013 are to treat at least three million HIV infected people with effective combination anti-retroviral therapy (ART); care for twelve million HIV infected and affected persons, including five million orphans and vulnerable children; and prevent twelve million infections worldwide (3,12,12). To meet these goals and build sustainable local capacity, PEPFAR will support training of at least 140,000 new health care workers in HIV/AIDS prevention, treatment and care. The Emergency Plan *Five-Year Strategy* for the initial five year period, 2003 - 2008 is available at the following Internet address:

<http://www.pepfar.gov>.

Purpose:

Under the leadership of the U.S. Global AIDS Coordinator, as part of the President's Emergency Plan, the U.S. Department of Health and Human Services' Centers for Disease Control and Prevention (HHS/CDC) works with host countries and other key

partners to assess the needs of each country and design a customized program of assistance that fits within the host nation's strategic plan and partnership framework.

HHS/CDC focuses on two or three major program areas in each country. Goals and priorities include the following:

- Achieving primary prevention of HIV infection through activities such as expanding confidential counseling and testing programs linked with evidence based behavioral change and building programs to reduce mother-to-child transmission;
- Improving the care and treatment of HIV/AIDS, sexually transmitted infections (STIs) and related opportunistic infections by improving STI management; enhancing laboratory diagnostic capacity and the care and treatment of opportunistic infections; interventions for intercurrent diseases impacting HIV infected patients including tuberculosis (TB); and initiating programs to provide anti-retroviral therapy (ART);
- Strengthening the capacity of countries to collect and use surveillance data and manage national HIV/AIDS programs by expanding HIV/STI/TB surveillance programs and strengthening laboratory support for surveillance, diagnosis, treatment, disease monitoring and HIV screening for blood safety.

In an effort to ensure maximum cost efficiencies and program effectiveness, HHS/CDC also supports coordination with and among partners and integration of activities that

promote Global Health Initiative principles. As such, grantees may be requested to participate in programmatic activities that include the following activities:

- Implement a woman- and girl-centered approach;
- Increase impact through strategic coordination and integration;
- Strengthen and leverage key multilateral organizations, global health partnerships and private sector engagement;
- Encourage country ownership and invest in country-led plans;
- Build sustainability through investments in health systems;
- Improve metrics, monitoring and evaluation; and
- Promote research, development and innovation.

The purpose of this program is to enhance the PEPFAR program in Zambia by working with the Government of the Republic of Zambia (GRZ), HHS/CDC and other partners to ensure that targets are met, activities are implemented, and support is provided to ensure a sustainable Zambian program into the next phase of PEPFAR. Experience carrying out technical assistance, program implementation and capacity building support in Zambia to-date will be critical.

This funding opportunity announcement (FOA) seeks to reduce HIV/AIDS/STI transmission among underserved populations in the Eastern Province of Zambia. Awards under this announcement will support activities in multiple technical areas to support HIV/AIDS prevention, and care and treatment in the eight districts of Zambia's Eastern Province: Chipata, Chadiza, Chama, Katete, Petauke, Nyimba, Mambwe and Lundazi.

The programming priorities within this announcement are:

- Training and mentoring of health workers in the prevention of mother to child transmission (PMTCT), Antenatal Clinic (ANC), ART, post-natal services, STI screening, HIV rapid testing, and TB Acid-fast bacillus (AFB) smear microscopy;
- Roll out of routine, confidential counseling and testing (CT) services;
- Intensification of TB case identification, infection control, and screening of TB in HIV infected individuals;
- Coordination of services through the strengthening of district, health center, and community TB/HIV coordinating committees;
- Strengthened monitoring and evaluation of TB/HIV, PMTCT, and CT data collection and analysis;
- Implementation of internal evaluation results and best practices; and
- Facilitating linkages between health facilities and communities.

Activities will assist the GRZ by increasing the expertise of field-based staff and by building stronger referral networks. Support will be provided to implement capacity building activities aimed at improving health systems, conducting quality assurance visits, technical mentoring of trained health workers in TB/HIV/PMTCT/CT, family planning, and community focus group discussions to inform service utilization.

Applicants will strive to create and enhance the linkages between communities and their local health facilities and health resources.

Because of the critical need for continuity in this program, applicants will include plans to transition the program to an indigenous partner during the last three years of the project period with complete transition by the end of the last year of the project period.

The activities in this announcement necessitate the reduction of stigma by addressing gender issues and the status of People Living with HIV/AIDS (PLWHA). All activities should address norms around male behaviors and increasing gender equity in accessing HIV/AIDS activities and services. Successful applicants will emphasize male involvement in PMTCT, safe motherhood, and family planning. Applicants will provide opportunities for PLWHA to take responsibility for managing HIV/AIDS service delivery at family and community levels and increase their capacity for decision-making on issues surrounding their well-being.

Measurable outcomes of the program will be in alignment with one (or more) of the following performance goal(s):

8. Increased access to improved TB/HIV care, treatment, and support;
9. Increased access to improved routine, confidential counseling and testing;
10. Increased access to improved PMTCT services;
11. Increased capacity of health workers;
12. Enhanced referral networks;
13. Strengthened linkages between communities and health resources; and
14. Increased collaboration and coordination with U.S. Government agencies, multi-lateral organizations, and GRZ institutions.

The applicant will meet the following targets in the first year of the project:

- Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results): 20,000
- Number of HIV-positive pregnant women who received ART to reduce risk of mother-to-child-transmission: 80%
- Number of individuals who received CT services for HIV and received their test results: 15,000 (7,650 Males and 7,350 Females)
- Number of HIV- positive adults and children receiving a minimum of one care service: 4,000
- Percent of HIV-positive patients who were screened for TB in HIV care or treatment: 100%
- Percentage of HIV-positive patients in HIV care or treatment (pre-ART or ART) who started TB treatment: 35%

This announcement is intended for non-research activities supported by the Centers for Disease Control and Prevention within HHS (HHS/CDC). If an applicant proposes research activities, HHS/CDC will not review the application. For the definition of “research,” please see the HHS/CDC Web site at the following Internet address:
<http://www.cdc.gov/od/science/regs/hrpp/researchdefinition.htm>

II. Program Implementation

Activities:

Partners receiving HHS/CDC funding must place a clear emphasis on developing local indigenous capacity to deliver HIV/AIDS related services to the Zambian population and must also coordinate with activities supported by Zambian, international or USG agencies to avoid duplication. Partners receiving HHS/CDC funding must collaborate across program areas whenever appropriate or necessary to improve service delivery.

The selected applicants (grantees) of these funds is responsible for activities in multiple program areas.

Each grantee will implement activities both directly and, where applicable, through sub-grantees; each grantee will, however, retain overall financial and programmatic management under the oversight of HHS/CDC and the strategic direction of the Office of the U.S. Global AIDS Coordinator. Each grantee must show measurable progressive reinforcement of the capacity of health facilities to respond to the national HIV epidemic as well as progress towards the sustainability of activities.

Applicants should describe activities in detail that reflect the policies and goals outlined in the *Five-Year Strategy* for the President's Emergency Plan and the Partnership Framework for Zambia. Each grantee will produce an annual operational plan, which the U.S. Government Emergency Plan team on the ground in Zambia will review as part of the annual Emergency Plan review-and-approval process managed by the Office of the U.S. Global AIDS Coordinator.

Each grantee may work on some of the activities listed below in the first year and in subsequent years, and then progressively add others from the list to achieve all of the Emergency Plan performance goals as cited in the previous section. HHS/CDC, under the guidance of the U.S. Global AIDS Coordinator, will approve funds for activities on an annual basis, based on availability of funding and USG priorities, and based on documented performance toward achieving Emergency Plan goals, as part of the annual Emergency Plan for AIDS Relief Country Operational Plan review-and-approval process.

Grantees activities for this program are as follows:

Prevention of Mother to Child Transmission (PMTCT):

- Ensure the provision of a minimum PMTCT package for women in health centers in rural districts of Eastern Province;
- Antenatal services will be the main entry point for all PMTCT services and other reproductive health activities such as safe motherhood, family planning, STIs screening, and micronutrients support. Men and women of reproductive age will receive information about available services at every health facility or at the community level;
- Train health workers in couple CT and encourage discordant couples to adopt safer sexual behaviors which will help reduce new infections;
- Use existing Behavior Change and Communication (BCC) materials from Ministry of Health (MOH) and other stakeholders for dissemination and creation of demand for PMTCT services;

- Strengthen existing support groups and support the establishment of new ones.
Link the groups to other important stakeholders;
- Through at least quarterly on-site technical supportive supervision and quality assurance monitoring visits, ensure quality service delivery of PMTCT services in line with revised modules and protocols. Facilitate the printing and distribution of new guidelines and protocols to all project sites on PMTCT;
- Improve continuity of care and follow up for HIV positive mothers and infants;
- Ensure the quality of rapid HIV testing; and
- Strengthen the relationships between the community and the health facilities.

HIV/CT:

This announcement recognizes that routine, confidential CT for HIV is a key entry point for HIV prevention, care, and support. The role of successful applicants will be to strengthen routine, confidential CT capacity through provision of technical support as well as working with other organizations to scale up mobile CT services. Successful applicants will provide increased access to routine, confidential CT services for prospective HIV/AIDS clients in eight districts of Eastern Province through the following activities:

- Facilitate the scale up of routine, confidential CT services;
- Train lay counselors in household CT. They will in turn counsel and test household members for HIV and refer those who test positive for TB screening and provide HIV prevention messages and interventions;

- Deploy lay counselors in hard-to-reach areas to provide routine, confidential counseling to individuals;
- Integrate couple counseling within PMTCT services such that disclosure of HIV results between couples strengthens prevention efforts;
- Facilitate radio prevention programs in community radio stations throughout Eastern Province to disseminate information and sensitize communities on the importance of routine, confidential CT for HIV as a key entry point for HIV prevention, care and support;
- Facilitate and support commemoration of Voluntary Counseling and Testing (VCT) Day in all districts to sensitize communities on the importance of knowing one's HIV status;
- Ensure quality HIV CT services are available to the most at-risk populations;
- Improve and ensure the quality of HIV testing services and rapid HIV testing throughout all communities of Eastern Provinces; and
- Strengthen referral services for individuals and couples who test positive for HIV.

HIV/TB:

- Enhance the referral of TB clients and HIV positive clients, and improve access to and provision of TB microscopy services;
- Expand and institutionalize multi-level linkages between the response to TB and HIV, quality service delivery, and sustainability strategies;

- Improve the quality of service delivery for TB/HIV collaboration activities;
- Scale up activities for TB clients and HIV positive clients through community involvement and expansion of the system of sputum collection points;
- Increase TB case detection;
- Ensure increased screening of TB in HIV positive clients to 100%;
- Increase TB treatment success rates and strengthen infection control measures at sputum collection points by providing supplies such as aprons, bin liners and other waste disposal methods, and training TB treatment supporters and health workers in infection prevention;
- Ensure quality assurance by continuous support and supervision of TB treatment supporters;
- Strengthen the referral network between TB and HIV;
- Improve transportation of sputum specimens of HIV positive clients to TB microscopic centers for diagnosis;
- Strengthen TB/HIV coordinating committees;
- Conduct focus group discussions to inform service utilization and improve knowledge on TB/HIV co-infection;
- Facilitate quarterly technical mentoring of health workers and community volunteers in TB/HIV including family planning and data verification;
- Update health workers and community volunteers on TB/HIV and data management;

- Facilitate linkages of HIV positive clients to Network of Zambian People Living with AIDS (NZP+) for continuum of support and linking them to micro-finance institutions;
- Promote condom use and partner notification; and
- Support to TB/HIV review meetings at provincial, district, health center and community levels.

Monitoring and Evaluation (M&E):

- M&E activities must be consistent with the “Three Ones” Principle:
 1. One agreed AIDS action framework that provides for coordinating the work for all partners;
 2. One national AIDS coordinating authority, with a broad-based multisectoral mandate; and,
 3. One agreed country-level monitoring and evaluation system.
- M&E activities may include program evaluation, operations research, and mandated data collection and reporting for the Office of the U.S. Global AIDS Coordinator (OGAC)/CDC/MOH/GRZ.

CDC Activities:

The selected applicant (grantees) of this funding competition must comply with all HHS/CDC management requirements for meeting participation and progress and financial reporting for this cooperative agreement (See HHS/CDC Activities and Reporting sections below for details), and comply with all policy directives established by the Office of Global AIDS Coordinator.

In a cooperative agreement, CDC staff are substantially involved in the program activities, above and beyond routine grant monitoring. CDC activities for this program are as follows:

1. Organize an orientation meeting with each grantee 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. The orientation could include meetings with staff from HHS agencies and the Office of the U.S. Global AIDS Coordinator.
2. Review and make recommendations to the process used by each grantee to select key personnel and/or post-award subcontractors and/or subgrantees to be involved in the activities performed under this agreement, as part of the Emergency Plan for AIDS Relief Country Operational Plan review and approval process, managed by the Office of the U.S. Global AIDS Coordinator.
3. Review and make recommendations to each grantee's annual work plan and detailed budget, as part of the Emergency Plan for AIDS Relief Country Operational Plan review-and-approval process, managed by the Office of the U.S. Global AIDS Coordinator.
4. Review and approve each grantee's monitoring-and-evaluation plan, including for compliance with the strategic-information guidance established by the Office of the U.S. Global AIDS Coordinator.
5. Meet on a monthly basis with each grantee to assess monthly expenditures in relation to approved work plan and modify plans, as necessary.

6. Meet on a quarterly basis with each grantee to assess quarterly technical and financial progress reports and modify plans as necessary.
7. Meet on an annual basis with each grantee to review annual progress report for each U.S. Government Fiscal Year, and to review annual work plans and budgets for subsequent year, as part of the Emergency Plan for AIDS Relief review and approval process for Country Operational Plans, managed by the Office of the U.S. Global AIDS Coordinator.
8. Provide technical assistance, as mutually agreed upon, and revise annually during validation of the first and subsequent annual work plans. This could include expert technical assistance and targeted training activities in specialized areas, such as strategic information, project management, confidential counseling and testing, palliative care, treatment literacy, and adult-learning techniques.
9. Provide in-country administrative support to help each grantee 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 each grantee 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, and the management and tracking of finances.
11. Provide consultation and scientific and technical assistance based on appropriate HHS/CDC and Office of the U.S. Global AIDS Coordinator documents to promote the use of best practices known at the time.

12. Assist each grantee 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. Supply each grantee with protocols for related evaluations.

Please note: Either HHS staff or staff from organizations that have successfully competed for funding under a separate HHS contract, cooperative agreement or grant will provide technical assistance and training.

III. Award Information and Requirements

Type of Award: Cooperative Agreement.

HHS/CDC's involvement in this program is listed in the Activities Section above.

Award Mechanism: U2G – Global HIV/AIDS Non-Research Cooperative Agreements

Fiscal Year Funds: 2010

Approximate Fiscal Year Funding: \$4,000,000

Approximate Total Project Period Funding: \$20,000,000 (This amount is an estimate, and is subject to availability of funds and includes direct costs and indirect costs in the case of domestic grantees.)

Approximate Number of Awards: Three

Approximate Average Award: \$2,102,500 (This amount is for the first 12 month budget period, and includes direct costs and indirect costs in the case of domestic grantees.)

Floor of Individual Award Range: None

Ceiling of Individual Award Range: \$4,000,000 (This ceiling is for the first 12 month budget period and includes direct costs and indirect costs in the case of domestic grantees.)

Anticipated Award Date: September 30, 2010

Budget Period Length: 12 Months.

Project Period Length: Five years

Throughout the project period, HHS/CDC's commitment to continuation of awards will be conditioned on the availability of funds, evidence of satisfactory progress by each grantee (as documented in required reports), and the determination that continued funding is in the best interest of the U.S. Government, through the Emergency Plan review and approval process for Country Operational Plans, managed by the Office of the U.S. Global AIDS Coordinator.

IV. Eligibility

IV.1. Eligible applicants

Eligible applicants that can apply for this funding opportunity are listed below:

- Public nonprofit organizations
- Private nonprofit organizations
- For profit organizations

- Small, minority, women-owned business
- Universities
- Colleges
- Research institutions
- Hospitals
- Community-based organizations
- Faith-based organizations
- Federally recognized Indian tribal organizations
- Alaska Native tribal governments
- Indian tribes
- Tribal Epidemiology centers
- Indian tribal organizations
- State and local governments or their Bona Fide Agents (this includes the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau)
- Political subdivisions of States (in consultation with States)
- Non-domestic (non U.S.) entity
- Other (specify)

A Bona Fide Agent is an agency/organization identified by the state as eligible to submit an application under the state eligibility in lieu of a state application. If applying as a bona fide agent of a state or local government, a letter from the state or local government

as documentation of the status is required. Attach with “Other Attachment Forms” when submitting via www.grants.gov.

IV.2. Cost Sharing or Matching

Cost sharing or matching funds are not required for this program. If applicants receive funding from other sources to underwrite the same or similar activities, or anticipate receiving such funding in the next 12 months, they must detail how the disparate streams of financing complement each other.

IV.3. Other

If a funding amount greater than the ceiling of the award range is requested, the application will be considered non-responsive and will not be entered into the review process. The applicant will be notified that the application did not meet the submission requirements.

The successful applicant may be responsible for planning, implementing, and coordinating infrastructure development requirements supporting the primary public health purpose of this FOA.

PEPFAR Local Partner definition:

A “local partner” may be an individual or sole proprietorship, an entity, or a joint venture or other arrangement. However, to be considered a local partner in a given country served

by PEPFAR, the partner must meet the criteria under paragraph (1), (2), or (3) below within that country: *

(1) an individual must be a citizen or lawfully admitted permanent resident of and have his/her principal place of business in the country served by the PEPFAR program with which the individual is or may become involved, and a sole proprietorship must be owned by such an individual; or

(2) an entity (e.g., a corporation or partnership): (a) must be incorporated or legally organized under the laws of, and have its principal place of business in, the country served by the PEPFAR program with which the entity is or may become involved; (b) must be at least 51% for FY 2009-10; 66% for FY 2011-12; and 75% for FY 2013 beneficially owned by individuals who are citizens or lawfully admitted permanent residents of that same country, per sub-paragraph (2)(a), or by other corporations, partnerships or other arrangements that are local partners under this paragraph or paragraph (3); (c) at least 51% for FY 2009-10; 66% for FY 2011-12; and 75% for FY 2013 of the entity's staff (senior, mid-level, support) must be citizens or lawfully admitted permanent residents of that same country, per sub-paragraph (2)(a), and at least 51% for FY 2009-10; 66% for FY 2011-12; and 75% for FY 2013 of the entity's senior staff (i.e., managerial and professional personnel) must be citizens or lawfully admitted permanent residents of such country; and (d) where an entity has a Board of Directors, at least 51% of the members of the Board must also be citizens or lawfully admitted permanent residents of such country; or

(3) a joint venture, unincorporated association, consortium, or other arrangement in which at least 51% for FY 2009-10; 66% for FY 2011-12; and 75% for FY 2013 of the

funding under the PEPFAR award is or will be provided to members who are local partners under the criteria in paragraphs (1) or (2) above, and a local partner is designated as the managing member of the organization.

Host government ministries (e.g., Ministry of Health), sub-units of government ministries, and parastatal organizations in the country served by the PEPFAR program are considered local partners. ** A parastatal organization is defined as a fully or partially government-owned or government-funded organization. Such enterprises may function through a board of directors, similar to private corporations. However, ultimate control over the board may rest with the government.

The Global AIDS Coordinator may waive the above criteria where justified to address the circumstances in a specific case.

* HHS will only implement paragraph 2 (entity) of the definition.

** USAID and its partners are subject to restrictions on parastatal eligibility for USAID funding. See 22 CFR 228.33

Special Requirements:

If the application is incomplete or non-responsive to the special requirements listed in this section, it will not be entered into the review process. The applicant will be notified that the application did not meet submission requirements.

- Late submissions will be considered non-responsive. See section “V.3. Submission Dates and Times” for more information on deadlines.
- 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 U.S. Government funds constituting a grant, loan, or an award.

V. Application Content

V.1. Address to Request Application Package

To apply for this funding opportunity, the application forms package posted in Grants.gov must be used.

Electronic Submission:

HHS/CDC requires applicants to submit applications electronically by utilizing the forms and instructions posted for this announcement on www.Grants.gov, the official U.S. Government agency wide e-grant website. Only applicants who apply online may forego submitting paper copies of all application forms.

Registering an applicant organization through www.Grants.gov is the first step in submitting applications online. Registration information is located in the “Get Registered” screen of www.Grants.gov. Applicants are required to use this online tool. Please visit www.Grants.gov at least 30 days prior to filing an application to become familiar with the registration and submission processes. Under “Get Registered,” the one

time registration process will take three to five days to complete. Only the person who registers the organization on Grants.gov can submit the application. This is important to remember if the person who originally registered an organization on grants.gov is no longer working for that particular organization. HHS/CDC suggests submitting electronic applications prior to the closing date so if difficulties are encountered in Grants.gov, a hardcopy of the application can be submitted prior to the deadline.

Foreign organizations must include a NATO Commercial and Governmental Entity (NCAGE) Code to complete their Grants.gov registration. Instructions for obtaining an NCAGE Code may be found at:

http://www.cdc.gov/od/pgo/funding/NATO_Commercial_and_Governmental_Entity_12-18-06.doc.

If an applicant has technical difficulties in Grants.gov, customer service can be reached by email at support@grants.gov, or by phone at 1-800-518-4726 (1-800-518-GRANTS). The Customer Support Center is open 24 hours, 7 days a week.

V.2. Content and Form of Submission

Application:

A Project Abstract must be submitted with the application forms. All electronic project abstracts must be uploaded in a PDF file format when submitting via Grants.gov. The abstract must be submitted in the following format:

- Maximum of 2-3 paragraphs;
- Font size: 12 point unreduced, Times New Roman;
- Single spaced;
- Paper size: 8.5 by 11 inches (preferred), or generally accepted paper size; and
- Page margin size: One inch.

The project abstract must contain a summary of the proposed activity suitable for dissemination to the public. It should be a self-contained description of the project and should contain a statement of objectives and methods to be employed. It should be informative to other persons working in the same or related fields and insofar as possible understandable to a technically literate lay reader. This abstract must not include any proprietary/confidential information.

A Project Narrative must be submitted with the application forms. All electronic narratives must be uploaded in a PDF file format when submitting via Grants.gov. The narrative **MUST** be submitted in the following format:

- Maximum number of pages: 25 (If your narrative exceeds the page limit, only the first pages which are within the page limit will be reviewed.);
- Font size: 12 point, unreduced, Times New Roman;
- Double spaced;
- Paper size: 8.5 by 11 inches (preferred), or generally accepted paper size;
- Page margin size: One inch;

- Number all pages of the application sequentially from page one (Application Face Page) to the end of the application, including charts, figures, tables, and appendices; and
- If paper application submission is applicable, the application should be printed only on one side of each page and should be held together only by rubber bands or metal clips; not bound in any other way.

The narrative should address activities to be conducted over the entire project period and must include the following items in the order listed:

- *Project Context and Background (Understanding and Need):* Describe the background and justify the need for the proposed project. Describe the current infrastructure system; targeted geographical area(s), if applicable; and identified gaps or shortcomings of the current health systems and AIDS control projects;
- *Project Strategy - Description and Methodologies:* Present a detailed operational plan for initiating and conducting the project. Clearly describe the applicant's technical approach/methods for implementing the proposed project. Describe the existence of, or plans to establish partnerships necessary to implement the project. Describe linkages, if appropriate, with programs funded by the U.S. Agency for International Development;
- *Project Goals and Objectives:* Describe the overall goals of the project, and specific objectives that are measurable and time phased, consistent with the objectives and numerical targets of the Emergency Plan and for this Cooperative

Agreement program as provided in the “Purpose” Section at the beginning of this Announcement;

- *Project Outputs:* Be sure to address each of the program objectives listed in the “Purpose” Section of this Announcement. Measures must be specific, objective and quantitative so as to provide meaningful outcome evaluation;
- *Project Contribution to the Goals and Objectives of the Emergency Plan:* Provide specific measures of effectiveness to demonstrate accomplishment of the objectives of this program;
- *Work Plan and Description of Project Components and Activities:* Be sure to address each of the specific tasks listed in the activities section of this announcement. Clearly identify specific assigned responsibilities for all key professional personnel;
- *Performance Measures:* Measures must be specific, objective and quantitative;
- *Timeline* (e.g., GANTT Chart); and
- *Management of Project Funds and Reporting.*

Additional information may be included in the application appendices. The appendices will not be counted toward the narrative page limit. **The total amount of appendices must not exceed 80 pages and can only contain information related to the following:**

- *Project Budget Justification:*

With staffing breakdown and justification, provide a line item budget and a narrative with justification for all requested costs. Be sure to include, if any, in-kind support or other contributions provided by the national government and its

donors as part of the total project, but for which the applicant is not requesting funding.

Budgets must be consistent with the purpose, objectives of the Emergency Plan and the program activities listed in this announcement and must include the following: line item breakdown and justification for all personnel, i.e., name, position title, annual salary, percentage of time and effort, and amount requested.

The recommended guidance for completing a detailed budget justification can be found on the HHS/CDC Web site, at the following Internet address:

<http://www.cdc.gov/od/pgo/funding/budgetguide.htm>.

For each contract, list the following: (1) name of proposed contractor; (2) breakdown and justification for estimated costs; (3) description and scope of activities the contractor will perform; (4) period of performance; (5) method of contractor selection (e.g., competitive solicitation); and (6) methods of accountability. Applicants should, to the greatest extent possible, employ transparent and open competitive processes to choose contractors;

- ***Curricula vitae*** of current key staff who will work on the activity;
- ***Job descriptions*** of proposed key positions to be created for the activity;
- ***Applicant's Corporate Capability Statement***;
- ***Letters of Support*** (5 letters maximum);
- ***Evidence of Legal Organizational Structure***.

If the total amount of appendices includes more than 80 pages, the application won't be considered for review.

The agency or organization is required to have a Dun and Bradstreet Data Universal Numbering System (DUNS) number to apply for a grant or cooperative agreement from the Federal government. The DUNS number is a nine-digit identification number, which uniquely identifies business entities. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access the Dun and Bradstreet website or call 1-866-705-5711.

Guidance that may require the submission of additional documentation with the application is listed in section “VII.2. Administrative and National Policy Requirements.”

V.3. Submission Dates and Times

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.

Application Deadline Date: March 30, 2010

Explanation of Deadlines: The HHS/CDC Procurement and Grants Office must receive applications by 11:59 p.m. Eastern Time on the deadline date.

Electronic Submissions:

Applications may be submitted electronically at www.Grants.gov. Applications completed on-line through Grants.gov are considered formally submitted when the applicant organization's Authorizing Organization Representative (AOR) electronically submits the application to www.Grants.gov. Electronic applications will be considered as having met the deadline if the application has been successfully submitted electronically by the applicant organization's AOR to Grants.gov on or before the deadline date and time.

When submission of the application is done electronically through Grants.gov (<http://www.grants.gov>), the application will be electronically time/date stamped and a tracking number will be assigned, which will serve as receipt of submission. The AOR will receive an e-mail notice of receipt when HHS/CDC receives the application.

V.4. Intergovernmental Review of Applications

Executive Order 12372 does not apply to this program.

V.5. Funding restrictions

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

- Grantees may not use funds for research.
- Grantees may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- The direct and primary grantees in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.
- 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.

- Foreign grantees are subject to audit requirements specified in 45 CFR 74.26(d). A non-Federal audit is required, if during each grantees fiscal year, each grantee expended a total of \$500,000.00 or more under one or more HHS awards (as a direct grantees and/or as a sub-grantees). Each grantee either may have (1) A financial related audit (as defined in the Government Auditing Standards, GPO stock #020-000-00-265-4) of a particular award in accordance with Government Auditing Standards, in those case where each grantee receives awards under only one HHS program; or, if awards are received under multiple HHS programs, a financial related audit of all HHS awards in accordance with Government Auditing Standards; or (2) An audit that meets the requirements contained in OMB Circular A-133.
- A fiscal Grantees 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.

The 8% Rule

The President’s Emergency Plan for AIDS Relief (PEPFAR) seeks to promote sustainability for programs through the development, use, and strengthening of local partnerships. The diversification of partners also ensures additional robust capacity at the local and national levels.

To achieve this goal, the Office of the Global AIDS Coordinator (OGAC) establishes an annual funding guideline for grants and cooperative agreement planning. Within each annual PEPFAR country budget, OGAC establishes a limit for the total amount of U.S.

Government funding for HIV/AIDS activities provided to a single partner organization under all grant and cooperative agreements for that country. **For U.S. Government fiscal year (FY2010), the limit is no more than 8 percent of the country's FY2010 PEPFAR program funding (excluding U.S. Government management and staffing costs), or \$2 million, whichever is greater.** The total amount of funding to a partner organization includes any PEPFAR funding provided to the partner, whether directly as prime partner or indirectly as sub-grantees. In addition, subject to the exclusion for umbrella awards and drug/commodity costs discussed below, all funds provided to a prime partner, even if passed through to sub-partners, are applicable to the limit. PEPFAR funds provided to an organization under contracts are not applied to the 8 percent/\$2 million single partner ceiling. PEPFAR publishes the single-partner funding limits annually as part of guidance for preparing the Country Operational Plan (COP). U.S. Government Departments and agencies must use the limits in the planning process to develop Requests for Applications (RFAs), Annual Program Statements (APSs), or Funding Opportunity Announcements (FOAs). However, as PEPFAR country budgets are not final at the COP planning stage, the single partner limits remain subject to adjustment. The current limit applicable to this FOA is \$20,342,358 (8 percent or \$2 million, whichever is greater, of the country's PEPFAR program funding). Exclusions from the 8 percent/\$2 million single-partner ceiling are made for (a) umbrella awards, (b) commodity/drug costs, and (c) Government Ministries and parastatal organizations. A parastatal organization is defined as a fully or partially state-owned corporation or government agency. For umbrella awards, grants officers will determine whether an award is an umbrella for purposes of exception from the cap on an award-by-award basis.

Grants or cooperative agreements in which the primary objective is for the organization to make sub-awards and at least 75 percent of the grant is used for sub-awards, with the remainder of the grant used for administrative expenses and technical assistance to sub-grantees, will be considered umbrella awards and, therefore, exempted from the cap.

Agreements that merely include sub-grants as an activity in implementation of the award but do not meet these criteria will not be considered umbrella awards, and the full amount of the award will count against the cap. All commodity/drug costs will be excluded from partners' funding for the purpose of the cap. The remaining portion of awards, including all overhead/management costs, will be counted against the cap.

Applicants should be aware that evaluation of proposals will include an assessment of grant/cooperative agreement award amounts applicable to the applicant by U.S.

Government fiscal year in the relevant country. An applicant whose grants or cooperative agreements have already met or exceeded the maximum, annual single-partner limit may submit an application in response to this RFA/APS/FOA. However, applicants whose total PEPFAR funding for this country in a U.S. Government fiscal year exceeds the 8 percent/\$2 million single partner ceiling at the time of award decision will be ineligible to receive an award under this RFA/APS/FOA unless the U.S. Global AIDS Coordinator approves an exception to the cap. **Applicants must provide in their proposals the dollar value by U.S. Government fiscal year of current grants and cooperative agreements (including sub-grants and sub-agreements) financed by the Emergency Plan, which are for programs in the country(ies) covered by this RFA/APS/FOA.**

For example, the proposal should state that the applicant has \$_____ in FY 2010

grants and cooperative agreements (for as many fiscal years as applicable) in Zambia. For additional information concerning this RFA/APS/FOA, please contact the Grants Officer for this RFA/APS/FOA. Based on the statement of work for this RFA/APS/FOA, PEPFAR will consider awards hereunder as umbrella awards, and they will be exempt from the single-partner funding limit.

Prostitution and Related Activities

The U.S. Government is opposed to prostitution and related activities, which are inherently harmful and dehumanizing, and contribute to the phenomenon of trafficking in persons.

Any entity that receives, directly or indirectly, U.S. Government funds in connection with this document (“grantees”) cannot use such U.S. Government funds to promote or advocate the legalization or practice of prostitution or sex trafficking. Nothing in the preceding sentence shall be construed to preclude the provision to individuals of palliative care, treatment, or post-exposure pharmaceutical prophylaxis, and necessary pharmaceuticals and commodities, including test kits, condoms, and, when proven effective, microbicides.

A grantee that is otherwise eligible to receive funds in connection with this document to prevent, treat, or monitor HIV/AIDS shall not be required to endorse or utilize a multisectoral approach to combating HIV/AIDS, or to endorse, utilize, or participate in a prevention method or treatment program to which each grantee has a religious or moral

objection. Any information provided by grantees about the use of condoms as part of projects or activities that are funded in connection with this document shall be medically accurate and shall include the public health benefits and failure rates of such use.

In addition, any grantees must have a policy explicitly opposing prostitution and sex trafficking. The preceding sentence shall not apply to any “exempt organizations” (defined as the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Health Organization and its six Regional Offices, the International AIDS Vaccine Initiative or to any United Nations agency).

The following definition applies for purposes of this clause:

Sex trafficking means the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act. 22 U.S.C. § 7102(9).

All grantees must insert provisions implementing the applicable parts of this section, “Prostitution and Related Activities,” in all subagreements under this award. These provisions must be express terms and conditions of the subagreement, must acknowledge that compliance with this section, “Prostitution and Related Activities,” is a prerequisite to receipt and expenditure of U.S. Government funds in connection with this document, and must acknowledge that any violation of the provisions shall be grounds for unilateral termination of the agreement prior to the end of its term. Grantees must agree that HHS may, at any reasonable time, inspect the documents and materials maintained or prepared

by each grantee in the usual course of its operations that relate to the organization's compliance with this section, "Prostitution and Related Activities".

All prime grantees that receive U.S. Government funds in connection with this document must certify compliance prior to actual receipt of such funds in a written statement that makes reference to this document (e.g., [Prime grantee's name] certifies compliance with the section, 'Prostitution and Related Activities.') addressed to the agency's grants officer. Such certifications by prime grantees are prerequisites to the payment of any U.S. Government funds in connection with this document.

Grantees' compliance with this section, "Prostitution and Related Activities," is an express term and condition of receiving U.S. Government funds in connection with this document, and any violation of it shall be grounds for unilateral termination by HHS of the agreement with HHS in connection with this document prior to the end of its term. Each grantee shall refund to HHS the entire amount furnished in connection with this document in the event HHS determines each grantee has not complied with this section, "Prostitution and Related Activities."

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.

HHS/CDC requires submission of applications to Grants.gov prior to the closing date to resolve any unanticipated difficulties prior to the deadline. U.S.-BASED APPLICANTS are required to submit an electronic application through www.Grants.gov and may not submit a hardcopy application. **INTERNATIONAL APPLICANTS ONLY** may also submit a paper submission of the application. Any such paper submission must be in accordance with the requirements for timely submission detailed in Section V.3. of this grant announcement. The paper submission must clearly marked: “BACK-UP FOR ELECTRONIC SUBMISSION.” The paper submission must conform to all requirements for non-electronic submissions. If both electronic and back-up paper submissions are received by the deadline, the electronic version will be considered as the official submission.

HHS/CDC requires applicants submitting grant applications via Grants.gov to use Microsoft Office products (e.g., Microsoft Word, Microsoft Excel, etc.). If the applicant does not have access to Microsoft Office products, a PDF file may be submitted. The applicant must submit all application attachments using a PDF format when submitting via Grants.gov. Directions for creating PDF files are available on the Grants.gov Web

site. Use of file formats other than Microsoft Office or PDF may result in the file being unreadable by staff.

VI. Application Review Information

VI.1. Criteria

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

The application will be evaluated against the following criteria:

Technical and Programmatic Approach (15 points)

Does the application include an overall design strategy, including measurable time lines, clear monitoring-and-evaluation procedures, and specific activities for meeting the proposed objectives? Does the applicant display knowledge of the strategy, principles and goals of the President's Emergency Plan for AIDS Relief, and are the proposed activities consistent with and pertinent to that strategy and those principles and goals?

Does the applicant describe activities that are evidence-based, realistic, achievable, measurable and culturally appropriate to achieve the goals of the Emergency Plan? Does the application include reasonable estimates of outcome targets? (For example, the

numbers of sites to be supported, number of clients the program will reach.) To what extent does the applicant propose to work with other organizations? The reviewers will assess the feasibility of the applicant's plan to meet the target goals, whether the proposed use of funds is efficient, and the extent to which the specific methods described are sensitive to the local culture.

Capacity Building (15 points)

Does the applicant have a proven track-record of building the capacity of indigenous organizations and individuals? Does the applicant have relevant experience in using participatory methods and approaches, in project planning and implementation? Does the applicant describe an adequate and measurable plan to progressively build the capacity of local organizations and of target beneficiaries to respond to the epidemic? If not a local indigenous organization, does the applicant articulate a clear exit strategy, which will maximize the legacy of this project in the intervention communities? Does the capacity-building plan clearly describe how it will contribute to: (a) improved quality and geographic coverage of service delivery to achieve the "2,7,10" targets of the Emergency Plan; and (b) (if not a local indigenous organization) an evolving role of the prime beneficiary with transfer of critical technical and management competence to local organizations/sites in support of a decentralized response?

Monitoring and Evaluation (10 points)

Does the applicant demonstrate the local experience and capability to implement rigorous monitoring and evaluation of the project? Does the applicant describe a system for reviewing and adjusting program activities based on monitoring information obtained by using innovative, participatory methods and standard approaches? Does the plan include indicators developed for each program milestone, and incorporated into the financial and programmatic reports? Are the indicators consistent with the Emergency Plan Indicator Guide? Is the system able to generate financial and program reports to show disbursement of funds, and progress towards achieving the numerical objectives of the President's Emergency Plan? Is the plan to measure outcomes of the intervention, and the manner in which they will be provided, adequate? Is the monitoring-and-evaluation plan consistent with the principles of the "Three Ones?" Applicants must define specific output and outcome indicators must be defined in the proposal, and must have realistic targets in line with the targets addressed in the Activities section of this announcement.

Understanding of the Problem (20 points)

Does the applicant demonstrate a clear and concise understanding of the current national HIV/AIDS response and the cultural and political context relevant to the programmatic areas targeted? Does the application demonstrate a clear understanding of the key stakeholders, implementation issues, service needs, and specific the cultural and political context relevant in Eastern Province of Zambia Does the applicant display an understanding of the goals of the President's Emergency Plan? To what extent does the applicant justify the need for this program within the target community?

Personnel (5 points)

Does the organization employ staff fluent in local languages who will work on this project? Are the staff roles clearly defined? As described, will the staff be sufficient to meet the goals of the proposed project? If not an indigenous organization, does the staff plan adequately involve local individuals and organizations? Are staff involved in this project qualified to perform the tasks described? Curricula vitae provided should include information that they are qualified in the following: management of HIV/AIDS prevention activities, especially confidential, voluntary counseling and testing; and the development of capacity-building among and collaboration between Governmental and non-governmental partners.]

Administration and Management (5 points)

Does the applicant provide a clear plan for the administration and management of the proposed activities, and to manage the resources of the program, prepare reports, monitor and evaluate activities, audit expenditures and produce collect and analyze performance data? Is the management structure for the project sufficient to ensure speedy implementation of the project? The grantee must demonstrate an ability to submit quarterly reports in a timely manner to the HHS/CDC office.

Carolina, below is the amended information for PS10-10108. However, when I attempted to input it in the document on Grants.Gov, I received a message that indicated

this FOA has not been uploaded into the system. Can you check with TIMS to see what's going on? Thanks.

Experience (15 points)

Does the applicant demonstrate local experience in Zambia and institutional capacity (both management and technical) to achieve the goals of the project with documented good-governance practices? Does the applicant have the ability to coordinate and collaborate with existing Emergency Plan partners and other donors, including the Global Fund and other U.S. Government Departments and agencies involved in implementing the Emergency Plan, including the U.S. Agency for International Development? Does the application propose to build on and complement the current national response in Zambia with evidence-based strategies designed to reach underserved populations and meet the goals of the Emergency Plan?

Budget (Reviewed, but not scored)

Is the itemized budget for conducting the project, along with justification, reasonable and consistent with stated objectives and planned program activities? Is the budget itemized, well justified and consistent with the goals of the President's Emergency Plan for AIDS Relief? If applicable, are there reasonable costs per client reached for both year one and later years of the project?

VI.2. Application Review Process

Applications will be reviewed for completeness and for responsiveness jointly by the Procurement and Grants Office (PGO) and HHS/CDC Global AIDS Program staff.

Incomplete applications and applications that are non-responsive to the eligibility criteria will not advance through the review process. Applicants will be notified the application did not meet submission requirements.

An objective review panel will evaluate complete and responsive applications according to the criteria listed in the “VI.1. Criteria” section above. All persons who serve on the panel will be external to the U.S. Government Country Program Office. The panel may include both U.S. Federal Government and non-U.S. Federal Government participants.

VI.3. Applications Selection Process

Applications will be funded in the order by score and rank determined by the review panel. However, the following “*Funding Preferences*” may affect the funding decision:

Programmatic/Technical

- Strong evidence of successful community-based experience in an African setting in the delivery of comprehensive HIV services; and
- Documented institutional technical and management capacity and experience in management of comprehensive HIV programs including but not limited to PMTCT, TB/HIV, Prevention with Positives, HIV CT and provider initiated CT in the Eastern Province of Zambia.

Administrative/Management (Sub-contracting / Capacity Building)

- Experience in human capacity-development for the management of HIV programs in resource-constrained settings;
- Evidence of capacity-building and training activities in HIV/AIDS leadership and management that involve relevant Zambian Ministries, and districts and local HIV/AIDS organizations; and
- Experience in supporting local HIV/AIDS organizations to evaluate programs, translate those findings into changes in programs and develop pilot activities to inform program management.

Collaboration

- Preference in funding will be afforded to organizations that demonstrate the ability to work with local organizations, community based organizations, and Ministry of Health offices in Eastern Province of Zambia; and
- Because of the critical need for continuity in this program, funding preference will be given to applications which include plans to transition the program to an indigenous partner during the last three years of the project period with complete transition by the end of the last year of the project period.

Geographic / Target Population

- Consideration will be given to organizations with previous work experience in rural areas and resource limited settings with challenges to application of technology; and
- Consideration will be given to applications that are reaching multiple districts within the Eastern Province of Zambia.

CDC will provide justification for any decision to fund out of rank order.

VI.4. Anticipated Award Announcement Date

The anticipated date for announcing the award is: TBD

VII. Award Administration Information

VII.1. 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 each grantee and CDC. The NoA will be signed by an authorized Grants Management Officer and emailed to the program director and a hard copy mailed to each grantee fiscal officer identified in the application.

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

VII.2. Administrative and National Policy Requirements

Successful applicants must comply with the administrative requirements outlined in 45 CFR Part 74 and Part 92, as appropriate. The following additional requirements apply to this project:

- AR-4 HIV/AIDS Confidentiality Provisions
- AR-5 HIV Program Review Panel Requirements
- AR-6 Patient Care
- 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-14 Accounting System Requirements
- AR-15 Proof of Non-Profit Status
- AR-23 States and Faith-Based Organizations
- AR-24 Health Insurance Portability and Accountability Act Requirements
- AR-25 Release and Sharing of Data
- AR-27 Conference Disclaimer and Use of Logos

Additional information on the requirements can be found on the CDC Web site at the following Internet address: http://www.cdc.gov/od/pgo/funding/Addtl_Reqmnts.htm.

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>

Applicants must include an additional Certifications form from the PHS5161-1 application in the Grants.gov electronic submission only. Applicants should refer to the following Internet address:

<http://www.cdc.gov/od/pgo/funding/PHS5161-1-Certificates.pdf>. Once the applicant has filled out the form, it should be attached to the Grants.gov submission as an Other Attachments Form. CDC Assurances and Certifications can be found on the CDC Web site at the following Internet address:

<http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm>

Terms and Conditions

VII.3. Reporting Requirements

The applicant must provide HHS/CDC with an original, plus two hard copies, of the following reports:

1. Interim progress report, due no less than 90 days before the end of the budget period. The progress report will serve as the non-competing continuation application, and must contain the following elements:
 - a. Activities and Objectives for the Current Budget Period;
 - b. Financial Progress for the Current Budget Period;
 - c. Proposed Activity and Objectives for the New Budget Period Program;

- d. Budget;
 - e. Measures of Effectiveness, including progress against the numerical goals of the President's Emergency Plan for AIDS Relief for Zambia; and
 - f. Additional Requested Information;
2. Annual progress report, due 90 days after the end of the budget period. Reports should include progress against the numerical goals of the President's Emergency Plan for AIDS Relief for Zambia;
 3. Financial status report, due no more than 90 days after the end of the budget period; and
 4. Final financial FSR and progress reports, due 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 "VII. Agency Contacts" section of this announcement.

VIII. Agency Contacts

HHS/CDC encourages inquiries concerning this announcement.

For program technical assistance, contact:

Laurie Fuller, Project Officer

American Embassy

P.O. Box 31617

Lusaka, Zambia

Telephone: +260-211-257-515

Email: fullerl@zm.cdc.gov

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

Teresa Kidd, Grants Management Specialist

Procurement and Grants Office

Centers for Disease Control and Prevention

U.S. Department of Health and Human Services

2920 Brandywine Road, Mail Stop: K-75

Atlanta, GA 30341

Telephone: 770-488-2793

Email: ibq5@cdc.gov

For general questions, contact:

Technical Information Management Section

Procurement and Grants Office

Centers for Disease Control and Prevention

U.S. Department of Health and Human Services

2920 Brandywine Road, Mail Stop E-14

Atlanta, GA 30341

Telephone: 770-488-2700

Email: pgotim@cdc.gov

IX. Other Information

Other CDC funding opportunity announcements can be found on the CDC Web site,
Internet address: <http://www.cdc.gov/od/pgo/funding/FOAs.htm> and on the website of
the HHS Office of Global Health Affairs, Internet address: www.globalhealth.gov.

Appendix A.

Questions & Answers for Funding Opportunity Announcement CDC-RFA- PS10-10108

Question:

On page 16 of the announcement, it states an anticipated award date of 1 July 2010. Does that mean that project years will be as follows:

*Year 1: July 2010 – April 2011
Year 2: April 2011 – March 2012
Year 3: April 2012 – March 2013
Year 4: April 2013 – March 2014
Year 5: April 2014 – March 2015*

Response:

This FOA has been modified to reflect an anticipated award date of September 30, 2010.

All budget periods are twelve months; for example, if the initial start date is September 30, 2010 the budget period will end on September 29, 2011, the second budget period will be September 30, 2011 to September 29, 2012, etc. through the five year project period.

Question:

*In regard to the budget ceiling the FOA (page 16) mention as follows:
Approximate Total Project Period Funding: \$20,000,000 (This amount is an estimate, and is subject to availability of funds and includes direct costs and indirect costs in the case of domestic grantees.) Approximate Number of Awards: Three Approximate Average Award: \$2,102,500 (This amount is for the first 12 month budget period, and includes direct costs and indirect costs in the case of domestic grantees.) Floor of Individual Award Range: None Ceiling of Individual Award Range: \$4,000,000 (This ceiling is for the first 12 month budget period and includes direct costs and indirect costs in the case of domestic grantees.)*

A. We will like to clarify the ceiling for the first year as you write approximate average award (\$2,102,500) and later ceiling for individual awards (\$4,000,000). Please confirm if each application has a ceiling of 4 million for the first year.

Response:

As stated in the FOA, an approximate average award amount is \$2,102,500 and the maximum amount (ceiling) for any individual award is \$4,000,000 for the first 12 month budget period and includes direct costs and indirect costs in the case of domestic grantees.

B. As CDC is looking for 3 organisations - we will like to request if we preferably should make an application with a budget for year one of about 2 million (in spite of the ceiling of 4 mill)

Response:

The FOA states three awards is an approximate number. Potential applicants should prepare the application based upon the organization's capability.

C. No budget for the 5 years is requested but we will need to make an estimation in order to plan activities. Could we possibly get an indication of the total expected budget for one organisation over the 5 years (taking into consideration that 3 awards is expected to be granted with a total of 20 million available)

Response:

The FOA states the application, including the budget, is required to address the total project period of five years.

Question:

In regard to goals (Page 6) the FOA mentions that "the applicant will meet the following targets in the first year of the project:"

- we will like to confirm if these are the target for each of the 3 expected awards or the total targets.

Response:

These are the total targets.

Question:

The FOA mention that "Awards under this announcement will support activities in multiple technical areas to support HIV/AIDS prevention, and care and treatment in the eight districts of Zambia's Eastern

Province: Chipata, Chadiza, Chama, Katete, Petauke, Nyimba, Mambwe and Lundazi." We will like to confirm weather we shall apply for activities in all the 8 districts or if operation areas are supposed to be shared between the 3 expected awards?

Response:

The intent of the FOA is to award funds to cover all of the activities described.

Question:

In the FOA it talks about three major program areas, pg. 3, as follows;

HHS/CDC focuses on two or three major program areas in each country. Goals and priorities include the following:

- *Achieving primary prevention of HIV infection through activities such as expanding confidential counseling and testing programs linked with evidence based behavioral change and building programs to reduce mother-to-child transmission;*

- *Improving the care and treatment of HIV/AIDS, sexually transmitted infections (STIs) and related opportunistic infections by improving STI management; enhancing laboratory diagnostic capacity and the care and treatment of opportunistic infections; interventions for intercurrent diseases impacting HIV infected patients including tuberculosis (TB); and initiating programs to provide anti-retroviral therapy (ART);*
- *Strengthening the capacity of countries to collect and use surveillance data and manage national HIV/AIDS programs by expanding HIV/STI/TB surveillance programs and strengthening laboratory support for surveillance, diagnosis, treatment, disease monitoring and HIV screening for blood safety.*

Are these to be taken as the CDC goals/priorities which are relevant for this FOA?

Response:

Yes.

Question:

On pg. 4/5 the FOA talks about priorities as follows;

The programming priorities within this announcement are:

- *Training and mentoring of health workers in the prevention of mother to child transmission (PMTCT), Antenatal Clinic (ANC), ART, post-natal services, STI screening, HIV rapid testing, and TB Acid-fast bacillus (AFB) smear microscopy;*
- *Roll out of routine, confidential counseling and testing (CT) services;*
- *Intensification of TB case identification, infection control, and screening of TB in HIV infected individuals;*
- *Coordination of services through the strengthening of district, health center, and community TB/HIV coordinating committees;*
- *Strengthened monitoring and evaluation of TB/HIV, PMTCT, and CT data collection and analysis;*
- *Implementation of internal evaluation results and best practices; and*
- *Facilitating linkages between health facilities and communities.*

On pg. 6 it talks about measurable outcomes as follows;

Measurable outcomes of the program will be in alignment with one (or more) of the following performance goal(s):

- 15. Increased access to improved TB/HIV care, treatment, and support;*
- 16. Increased access to improved routine, confidential counseling and testing;*
- 17. Increased access to improved PMTCT services;*
- 18. Increased capacity of health workers;*
- 19. Enhanced referral networks;*
- 20. Strengthened linkages between communities and health resources; and*
- 21. Increased collaboration and coordination with U.S. Government agencies, multi-lateral organizations, and GRZ institutions.*

Further on, pg. 25, the FOA specifies part of the narrative format as follows;

- *Project Goals and Objectives: Describe the overall goals of the project, and specific objectives that are measurable and time phased, consistent with the*

objectives and numerical targets of the Emergency Plan and for this Cooperative Agreement program as provided in the “Purpose” Section at the beginning of this Announcement;

- *Project Outputs: Be sure to address each of the program objectives listed in the “Purpose” Section of this Announcement. Measures must be specific, objective and quantitative so as to provide meaningful outcome evaluation;*

Can you please clarify the links between what you refer to as programming priorities and outcomes (pg. 4/5 and 6) and what you are looking for in the narrative in regard to Goals, Objectives and Outputs (pg. 25); for instance do you consider outcomes and outputs to be the same thing?

Response:

The priorities and goals stated in FOA describe the intent of the announcement and the activities in the application should align with this intent. Outcomes and outputs are not the same thing. The application should describe the outputs that will lead to the stated desired outcomes.

Question:

We are leading a consortium of local and international NGOs to respond to the FOA. We have a very strong mix of partners, who complement one another exceptionally well, and we are fully convinced that we can cover all the requested technical and geographical areas in the FOA. We do have a question related to this: Will CDC accept a single proposal that responds to all aspects of the FOA?

Response:

Yes.

Question:

The revised scoring criteria (pg. 38 to pg. 42 of the revised FOA) only add up to 85 points. Is this correct?

Response:

The first review criterion was not published in the amended FOA:

Ability to Carry Out the Proposal (15 points):

Is there evidence of leadership support and evidence of current or past efforts to enhance HIV prevention? Does the applicant have the capacity to reach rural and other underserved populations in Zambia? Does the organization have the ability to target audiences that frequently fall outside the reach of the traditional media, and in local languages? To what extent does the applicant provide letters of support?

Question:

We would like to include additional information in the annexes over and above that which is stated as required (pg. 27/8 of the revised FOA). If we keep within the 80 pg. limit will this information be considered in reviewing our application?

Response:

The FOA states:

Additional information may be included in the application appendices. The appendices will not be counted toward the narrative page limit. The total amount of appendices must not exceed 80 pages and can only contain information related to the following:

Project Budget Justification

Job descriptions Curricula vitae

Applicant's Corporate Capability Statement

Letters of Support

Evidence of Legal Organizational Structure

Question:

Can we include corporate capability details for all members of our consortium in the corporate capability statement or are we restricted to capability information about the consortium leader only?

Response:

Please see above.

Question:

We would like to clarify a provision under the funding restriction section of the above subject FOA (page 30) which states the following:

"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."

We understand that the above requirement means non-US entities will not be allowed to charge indirect costs to the award. However, if the non-US entity provides a sub-award to a US based non-profit entity that has a NICRA with US government, the subrecipient is allowed to charge NICRA as part of their cost, in line with the cost principles provided in OMB Circular A-122 which applies to the sub-recipient. Please confirm if this understanding is correct.

Response:

Yes.

Question:

Please advise where applicants can access the Five Year Strategy for the President's Emergency Plan and the Partnership Framework for Zambia.

Response:

Emergency Plan information is available at <http://www.pepfar.gov>.

The Partnership Framework with the Government of the Republic of Zambia (GRZ) is still in active development and has not been completed and signed yet. However, the general principles of the partnering with the GRZ, supporting and strengthening the national HIV/AIDS strategies, and establishing transparency, accountability, and active participation will be applied in the implementation of this FOA.

Question:

The page limit is 25 pages. Does this include a cover page, a list of acronyms and the table of context.

Response:

The cover page, acronyms and table of contents are separate from the Project Narrative.

Question:

Shall the text in the appendix be written with double spacing or can it be in single spacing. (ex for the budget notes and job-discriptions)

Response:

There are no formatting requirements stated in the FOA for appendices.

Question:

One the requirements in the project narrative is a timeline (e.g. GANTT Chart). Would it be OK to provide a simple timeline under the project narrative and a full GANTT chart as appendix ?

Response:

Yes.