

1 **This is an amendment to Funding Opportunity Announcement**

2 **CDC-RFA-PS10-10109**

3 **Page 21:**

4 **Approximate Fiscal Year Funding - \$1,500,000**

5 **Approximate Number of Awards – One to Four**

6 **Ceiling of Individual Award Range - \$1,500,000**

7
8 U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)

9 Centers for Disease Control and Prevention (CDC)

10 Improving HIV Prevention Initiatives in Communities in the Republic of Zambia

11 under the President’s Emergency Plan for AIDS Relief (PEPFAR)

12
13 **I. Authorization of Intent**

14 **Announcement Type:** New

15 **Funding Opportunity Number:** CDC-RFA-PS- 10-10109

16 **Health Impact Number:** 2943

17 **Catalog of Federal Domestic Assistance Number:** 93.067

18 **Application Deadline:** May 05, 2010

19 **Key Dates:**

20 ***Note: Application submission is not concluded until successful completion of the***
21 ***validation process.***
22

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

34

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

39

40

41 **Authority:**

42 This program is authorized under Public Law 108-25 (the United States Leadership
43 Against HIV/AIDS, Tuberculosis and Malaria Act of 2003) [22 U.S.C. 7601, et
44 seq.] and Public Law 110-293 (the Tom Lantos and Henry J. Hyde United States
45 Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization
46 Act of 2008).

47

48 **Background:**

49 The President’s Emergency Plan for AIDS Relief (PEPFAR) has called for
50 immediate, comprehensive and evidence based action to turn the tide of global
51 HIV/AIDS. As called for by the PEPFAR Reauthorization Act of 2008, initiative

52 goals over the period of 2009 through 2013 are to treat at least three million HIV
53 infected people with effective combination anti-retroviral therapy (ART); care for
54 twelve million HIV infected and affected persons, including five million orphans
55 and vulnerable children; and prevent twelve million infections worldwide
56 (3,12,12). To meet these goals and build sustainable local capacity, PEPFAR will
57 support training of at least 140,000 new health care workers in HIV/AIDS
58 prevention, treatment and care. The Emergency Plan *Five-Year Strategy* for the
59 initial five year period, 2003 - 2008 is available at the following Internet address:
60 <http://www.pepfar.gov>.

61

62 **Purpose:**

63 Under the leadership of the U.S. Global AIDS Coordinator, as part of the
64 President's Emergency Plan, the U.S. Department of Health and Human Services'
65 Centers for Disease Control and Prevention (HHS/CDC) works with host countries
66 and other key partners to assess the needs of each country and design a customized
67 program of assistance that fits within the host nation's strategic plan and partnership
68 framework.

69

70 HHS/CDC focuses primarily on two or three major program areas in each country.

71 Goals and priorities include the following:

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

87

88 In an effort to ensure maximum cost efficiencies and program effectiveness,
89 HHS/CDC also supports coordination with and among partners and integration of
90 activities that promote Global Health Initiative principles. As such, grantees may
91 be requested to participate in programmatic activities that include the following
92 activities:

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

101

102 The purpose of this program is to implement, scale up and evaluate community
103 based HIV prevention interventions which increase the number and proportion of
104 community members who know their own and their sexual partner's HIV status
105 and link those tested to appropriate HIV services (e.g. HIV care and treatment for
106 those who test positive; male circumcision for men who test negative; interventions
107 for couples who are found to be discordant). A primary focus of the program is the
108 testing and counseling of couples in the community and through increasing male
109 involvement in antenatal care and prevention of mother to child transmission
110 (PMTCT) programs.

111

112 While scale-up of HIV care and anti-retroviral treatment (ART) has been rapid in
113 Zambia, with nearly 250,000 Zambians currently on ART, HIV prevention has not

114 shown the same success and more adults become infected each year than are placed
115 on ART. HIV prevalence in pregnant women remains high and generally, women
116 have higher prevalence than men and rates in urban areas are double that of rural.
117 While declines in HIV prevalence are substantial in the 20-29 year age groups in
118 women and the 25-34 year age groups in men, young people make up the majority
119 of new cases of HIV. With low testing rates, the vast majority of Zambians do not
120 know the HIV status of themselves or their spouse. According to the recently
121 disseminated Zambia HIV Prevention Response and Modes of Transmission
122 Analysis report, of the next 100 new HIV infections, 71 are estimated to arise
123 through sex with non-regular partners, including having, being, or having a partner
124 that has another sexual partner. A substantial percentage (21%) of new infections is
125 estimated to occur in people who report that they have only one sexual partner.
126 This signals significant HIV risk even for those who are faithful, given large
127 numbers of couples in which one person is HIV-positive. Low levels of male
128 circumcision (MC) in most of the country, still inadequate condom use, and a range
129 of social norms increase risk and help drive Zambia's varied epidemic.
130
131 The program aims to mobilize communities and overcome barriers to HIV
132 prevention by use of agreements or "compacts" to improve HIV prevention
133 interventions in Zambian communities. The concept of community compacts
134 envisioned in this funding opportunity announcement (FOA) represents a different

135 approach to HIV prevention. It is aimed at engaging directly with target
136 communities and entering into a process whereby leaders and individuals alike are
137 all involved in increasing activities that reduce the risks of HIV infection. A key
138 component to success for these compacts will be engaging community leadership in
139 efforts to mobilize communities to protect themselves collectively from HIV
140 transmission. Participatory dialogue with and the involvement of community
141 stakeholders, such as traditional chiefs, religious leaders, local government, and
142 civil society, in project design, implementation and monitoring will be critical to
143 the development of community compacts. In addition to mobilizing the community
144 to partner in HIV prevention interventions, another goal of the compacts is to
145 transfer skills to communities, through Zambian parties, to sustain HIV prevention
146 activities.

147

148 For this funding opportunity announcement, the term “community” requires
149 definition by the applicant, but could include the physical boundaries of a village or
150 township (for example, ward), the catchment area surrounding a clinic, a church
151 group or congregation, a grouping of individuals (for example, students and
152 teachers; university students or a school setting) or a subset of clinic attendees,
153 such as pregnant women attending ANC/PMTCT services and their families.

154

155 Changes in social norms that are anticipated include: 1) acceptance of testing for
156 HIV and communication among couples about HIV status. This is best achieved
157 through couples testing; the decrease of high risk behavior (multiple concurrent
158 partnerships, early sexual activity, unprotected sex with someone whose HIV status
159 one does not know); 2) improved health-seeking behaviors for HIV prevention-
160 related services, including male circumcision for HIV negative men, and care and
161 treatment for HIV positive persons, and 3) appropriate and agreed upon community
162 level incentives for successful HIV prevention programs may be included. The
163 incentives may have secondary health and development benefits, such as
164 improvements to health facilities, water and sanitation, school programs or
165 scholarships, or address other community development needs.

166

167 HIV counseling and testing is the primary entry point for community based HIV
168 prevention interventions. Improvement in HIV testing uptake through the
169 community compact is important for access to HIV prevention services. While
170 over 80 percent of pregnant women were tested in 2008, only about ten percent of
171 their partners are tested, resulting in high incidence of infection among women and
172 their infants (and also among negative male partners in discordant relationships).

173 An increase in male partner participation and HIV testing in ANC programs is
174 another social norm change that should be promoted.

175

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

- 178 • Increased understanding of the local context and community, through
179 activities that assess social norms, knowledge, attitudes and behaviors that
180 are barriers to HIV prevention. As previously indicated, the term
181 “community” requires definition by the applicant, but could include the
182 physical boundaries of a village or township (for example, ward), the
183 catchment area surrounding a clinic, a church group or congregation, a
184 grouping of individuals (for example, students and teachers; university
185 students or a school setting) or a subset of clinic attendees, such as pregnant
186 women attending ANC/PMTCT services and their families.
- 187 • Implementation of evidence-based community initiatives, based on
188 understanding of local context, that reduce HIV/AIDS risk behavior,
189 increase knowledge of self and partner HIV status, provide or document
190 link of community members to appropriate prevention services, including
191 but not limited to ART, PMTCT, male circumcision, prevention education,
192 and HTC.
- 193 • Initial and intermediate outcome measurements should include rates of
194 community testing, especially of couples.
- 195 • Increased linkage of persons to care and treatment and identifying
196 discordant couples for interventions. Programs may use approaches

- 197 including, repeat testing for HIV which could measure incidence in a
198 confidential manner.
- 199 • Implementation of systems which protect confidentiality to reduce the risk
200 of increased stigmatization of HIV infection. Approaches may include, but
201 are not limited to, those which use the Smart Care medical electronic
202 records system.
 - 203 • Development and implementation of program measurement frameworks to
204 track progress of community HIV prevention activities. Monitoring
205 systems should include indicators to measure HIV health seeking behavior,
206 including: HIV testing rates; linkages with existing national patient care and
207 monitoring systems, including Smart Care.
 - 208 • Building the capacity of local communities to implement and sustain
209 community HIV prevention activities.
 - 210 • Documentation of community leadership and engagement.

211

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

217

218 **II. Program Implementation**

219 **Activities:**

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

226

227 The selected applicant(s) (grantee) of these funds is responsible for activities in
228 multiple program areas. The grantee will implement activities both directly and,
229 where applicable, through sub-grantees; the grantee will, however, retain overall
230 financial and programmatic management under the oversight of HHS/CDC and the
231 strategic direction of the Office of the U.S. Global AIDS Coordinator. The grantee
232 must show measurable progressive reinforcement of the capacity of health facilities
233 to respond to the national HIV epidemic as well as progress towards the
234 sustainability of activities.

235

236 Applicants should describe activities in detail that reflect the policies and goals
237 outlined in the *Five-Year Strategy* for the President's Emergency Plan and the
238 Partnership Framework for Zambia. The grantee will produce an annual

239 operational plan, which the U.S. Government Emergency Plan team on the ground
240 in Zambia will review as part of the annual Emergency Plan review-and-approval
241 process managed by the Office of the U.S. Global AIDS Coordinator.

242

243 The grantee may work on some of the activities listed below in the first year and in
244 subsequent years, and then progressively add others from the list to achieve all of
245 the Emergency Plan performance goals as cited in the previous section.

246 HHS/CDC, under the guidance of the U.S. Global AIDS Coordinator, will approve
247 funds for activities on an annual basis, based on availability of funding and USG
248 priorities, and based on documented performance toward achieving Emergency
249 Plan goals, as part of the annual Emergency Plan for AIDS Relief Country
250 Operational Plan review-and-approval process.

251

252 **Grantee activities for this program are as follows:**

- 253 1. Define community and associated structures and engage with them to develop
254 the framework which guides the compact. Definition of the community and
255 associated structures should be precise enough to determine population size of
256 the community.
- 257 2. Assess social norms, knowledge, and attitudes that are barriers to HIV
258 prevention in these communities through a participatory approach.

- 259 3. Implement evidence-based community initiatives that increase knowledge of
260 self and partner HIV status, and provide or document linkages to HIV services,
261 including but not limited to, ART, PMTCT, MC for HIV negative men,
262 prevention education, voluntary testing and counseling (VTC).
- 263 4. Provide a road map with illustrative time lines for the duration of the project.
264 Given the reality that compact activities are not likely to be the only
265 interventions ongoing with the targeted communities, a description of how this
266 program will interface with others that may be designed and/or are ongoing will
267 be important.
- 268 5. Develop a mechanism for ongoing learning to sustain activities and transfer
269 skills through community compacts. The mechanisms should be developed
270 within a given community rather than externally proposed to allow for
271 successive generations to remain HIV free.
- 272 6. Develop potential options for community level incentives and criteria for
273 provision of incentives. For example, a tiered reward scheme may involve
274 providing components of an infrastructure project over time if the community
275 approves benchmarks for evidence based interventions. This approach must
276 include a description of how community (ies) will be engaged to select or
277 approve the incentive reward scheme.
- 278 7. Design and implement systems which are easy for communities to utilize and
279 which feed into local monitoring and data capturing systems. The monitoring

280 systems should be simple to implement at community levels and include clearly
281 defined linkages into district systems to ensure sustained reporting.

282 8. Design monitoring systems to include indicators to measure HIV health seeking
283 behavior. These indicators should include HIV testing rates, linkages with
284 existing national patient care and monitoring systems, including Smart Care,
285 and the electronic health records to collect and provide testing information and
286 protect confidential personal information.

287 9. Describe possible benchmark indicators for provision of incentive rewards and
288 a method to determine how thresholds for provision of the incentive will be set
289 according to the benchmark utilized and the size and social structure of the
290 defined community.

291 10. Provide a plan for addressing the ethical, technical, and logistical constraints
292 related to HIV prevention intervention and measurement of the outcomes.

293 11. Provide a plan for addressing challenges related to stigmatization and any other
294 community divisions that may potentially arise. A critical component of the
295 overall program will be determining appropriate non-stigmatizing incentives.

296 12. Provide a plan to promote the role of people living with HIV/AIDS (PLWHA)
297 and to integrate PLWHAs within the defined community. PLWHAs may serve
298 as providers of prevention messages. Models of changed behaviors should be
299 promoted. While information surrounding positive living has gained a hold, the

300 challenges of living with HIV and thus the need to prevent the further spread
301 have received less attention.

302

303

304 **CDC Activities:**

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

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

- 313 1. Organize an orientation meeting with the grantee to brief it on applicable
314 U.S. Government, HHS, and Emergency Plan expectations, regulations and
315 key management requirements, as well as report formats and contents. The
316 orientation could include meetings with staff from HHS agencies and the
317 Office of the U.S. Global AIDS Coordinator.
- 318 2. Review and make recommendations to the process used by the grantee to
319 select key personnel and/or post-award subcontractors and/or subgrantees to
320 be involved in the activities performed under this agreement, as part of the

321 Emergency Plan for AIDS Relief Country Operational Plan review and
322 approval process, managed by the Office of the U.S. Global AIDS
323 Coordinator.

324 3. Review and make recommendations to the grantee's annual work plan and
325 detailed budget, as part of the Emergency Plan for AIDS Relief Country
326 Operational Plan review-and-approval process, managed by the Office of
327 the U.S. Global AIDS Coordinator.

328 4. Review and make recommendations to the grantee's monitoring-and-
329 evaluation plan, including for compliance with the strategic-information
330 guidance established by the Office of the U.S. Global AIDS Coordinator.

331 5. Meet on a monthly basis with the grantee to assess monthly expenditures in
332 relation to approved work plan and modify plans, as necessary.

333 6. Meet on a quarterly basis with the grantee to assess quarterly technical and
334 financial progress reports and modify plans as necessary.

335 7. Meet on an annual basis with the grantee to review annual progress report
336 for each U.S. Government Fiscal Year, and to review annual work plans and
337 budgets for subsequent year, as part of the Emergency Plan for AIDS Relief
338 review and approval process for Country Operational Plans, managed by the
339 Office of the U.S. Global AIDS Coordinator.

340 8. Provide technical assistance, as mutually agreed upon, and revise annually
341 during validation of the first and subsequent annual work plans. This could

- 342 include expert technical assistance and targeted training activities in
343 specialized areas, such as strategic information, project management,
344 confidential counseling and testing, palliative care, treatment literacy, and
345 adult-learning techniques.
- 346 9. Provide in-country administrative support to help grantee meet U.S.
347 Government financial and reporting requirements approved by the Office of
348 Management and Budget (OMB) under 0920-0428 (Public Health Service
349 Form 5161).
- 350 10. Collaborate with the grantee on designing and implementing the activities
351 listed above, including, but not limited to the provision of technical
352 assistance to develop program activities, data management and analysis,
353 quality assurance, the presentation and possibly publication of program
354 results and findings, and the management and tracking of finances.
- 355 11. Provide consultation and scientific and technical assistance based on
356 appropriate HHS/CDC and Office of the U.S. Global AIDS Coordinator
357 documents to promote the use of best practices known at the time.
- 358 12. Assist the grantee in developing and implementing quality-assurance
359 criteria and procedures.
- 360 13. Facilitate in-country planning and review meetings for technical assistance
361 activities.
- 362 14. Provide technical oversight for all activities under this award.

- 363 15. Provide ethical reviews, as necessary, for evaluation activities, including
364 from HHS/CDC headquarters.
- 365 16. Supply the grantee with protocols for related evaluations.
- 366 17. CDC will provide technical assistance to the awardee on 1) program
367 outcome and impact measurement plans using national electronic medical
368 records or other tools. CDC will also be responsible for leading the analysis
369 in collaboration with the applicant as well as the Government of Zambia's
370 Ministry of Health; 2) programmatic technical assistance for assessment and
371 for HIV prevention activities; and 3) review of evaluation plans, analysis,
372 and interpretation of results.
- 373 18. Successful applicants will work with CDC-GAP/Zambia to create plans for
374 collecting data to document performance. At a minimum, awardees will
375 send data collection plans for review and approval before commencing data
376 collection.

377

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

381

382 **III. Award Information and Requirements**

383 **Type of Award:** Cooperative Agreement.

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

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

386 Agreements

387 **Fiscal Year Funds:** 2010

388 **Approximate Fiscal Year Funding:** \$1,500,000

389 **Approximate Total Project Period Funding:** \$20,000,000 (This amount is an

390 estimate, and is subject to availability of funds and includes direct costs and

391 indirect costs in the case of domestic grantees.)

392 **Approximate Number of Awards:** One to Four

393 **Approximate Average Award:** \$375,000 (This amount is for the first 12 month

394 budget period, and includes direct costs and indirect costs in the case of domestic

395 grantees.)

396 **Floor of Individual Award Range:** None

397 **Ceiling of Individual Award Range:** \$1,500,000

398 (This ceiling is for the first 12 month budget period and includes direct costs and

399 indirect costs in the case of domestic grantees.)

400 **Anticipated Award Date:** September 30, 2010

401 **Budget Period Length:** 12 Months.

402 **Project Period Length:** Five Years

403 Throughout the project period, HHS/CDC's commitment to continuation of awards

404 will be conditioned on the availability of funds, evidence of satisfactory progress

405 by the grantee (as documented in required reports), and the determination that
406 continued funding is in the best interest of the U.S. Government, through the
407 Emergency Plan review and approval process for Country Operational Plans,
408 managed by the Office of the U.S. Global AIDS Coordinator.

409

410 **IV. Eligibility**

411 **IV.1. Eligible applicants**

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

- 413 • Public nonprofit organizations
- 414 • Private nonprofit organizations
- 415 • For profit organizations
- 416 • Small, minority, women-owned business
- 417 • Universities
- 418 • Colleges
- 419 • Research institutions
- 420 • Hospitals
- 421 • Community-based organizations
- 422 • Faith-based organizations
- 423 • Federally recognized Indian tribal organizations
- 424 • Alaska Native tribal governments
- 425 • Indian tribes

- 426 • Tribal Epidemiology centers
- 427 • Indian tribal organizations
- 428 • State and local governments or their Bona Fide Agents (this includes the
- 429 District of Columbia, the Commonwealth of Puerto Rico, the Virgin
- 430 Islands, the Commonwealth of the Northern Marianna Islands, American
- 431 Samoa, Guam, the Federated States of Micronesia, the Republic of the
- 432 Marshall Islands, and the Republic of Palau)
- 433 • Political subdivisions of States (in consultation with States)
- 434 • Non-domestic (non U.S.) entity
- 435 • Other (specify)

436 A Bona Fide Agent is an agency/organization identified by the state as eligible to
437 submit an application under the state eligibility in lieu of a state application. If
438 applying as a bona fide agent of a state or local government, a letter from the state
439 or local government as documentation of the status is required. Attach with “Other
440 Attachment Forms” when submitting via www.grants.gov.

441

442 **IV.2. Cost Sharing or Matching**

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

447

448 **IV.3. Other**

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

453

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

457

458 **PEPFAR Local Partner definition:**

459 A “local partner” may be an individual or sole proprietorship, an entity, or a joint
460 venture or other arrangement. However, to be considered a local partner in a given
461 country served by PEPFAR, the partner must meet the criteria under paragraph (1),
462 (2), or (3) below within that country: *

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

467 (2) an entity (e.g., a corporation or partnership): (a) must be incorporated or
468 legally organized under the laws of, and have its principal place of business in, the
469 country served by the PEPFAR program with which the entity is or may become
470 involved; (b) must be at least 51% for FY 2009-10; 66% for FY 2011-12; and 75%
471 for FY 2013 beneficially owned by individuals who are citizens or lawfully
472 admitted permanent residents of that same country, per sub-paragraph (2)(a), or by
473 other corporations, partnerships or other arrangements that are local partners under
474 this paragraph or paragraph (3); (c) at least 51% for FY 2009-10; 66% for FY
475 2011-12; and 75% for FY 2013 of the entity's staff (senior, mid-level, support)
476 must be citizens or lawfully admitted permanent residents of that same country, per
477 sub-paragraph (2)(a), and at least 51% for FY 2009-10; 66% for FY 2011-12; and
478 75% for FY 2013 of the entity's senior staff (i.e., managerial and professional
479 personnel) must be citizens or lawfully admitted permanent residents of such
480 country; and (d) where an entity has a Board of Directors, at least 51% of the
481 members of the Board must also be citizens or lawfully admitted permanent
482 residents of such country; or

483 (3) a joint venture, unincorporated association, consortium, or other
484 arrangement in which at least 51% for FY 2009-10; 66% for FY 2011-12; and 75%
485 for FY 2013 of the funding under the PEPFAR award is or will be provided to
486 members who are local partners under the criteria in paragraphs (1) or (2) above,
487 and a local partner is designated as the managing member of the organization.

488

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

496

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

499

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

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

503

504 **Special Requirements:**

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

- 508 • Late submissions will be considered non-responsive. See section “V.3.
509 Submission Dates and Times” for more information on deadlines.

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

514

515 **V. Application Content**

516 **V.1. Address to Request Application Package**

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

519

520 **Electronic Submission:**

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

525

526 Registering an applicant organization through www.Grants.gov is the first step in
527 submitting applications online. Registration information is located in the “Get
528 Registered” screen of www.Grants.gov. Applicants are required to use this online
529 tool.

530

531 Please visit www.Grants.gov at least 30 days prior to filing an application to
532 become familiar with the registration and submission processes. Under “Get
533 Registered,” the one time registration process will take three to five days to
534 complete. Only the person who registers the organization on Grants.gov can
535 submit the application. This is important to remember if the person who originally
536 registered an organization on Grants.gov is no longer working for that particular
537 organization. HHS/CDC suggests submitting electronic applications prior to the
538 closing date so if difficulties are encountered in Grants.gov, a hardcopy of the
539 application can be submitted prior to the deadline.

540

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

544 [http://www.cdc.gov/od/pgo/funding/NATO_Commercial_and_Governmental_Entit](http://www.cdc.gov/od/pgo/funding/NATO_Commercial_and_Governmental_Entity_12-18-06.doc)
545 [y_12-18-06.doc](http://www.cdc.gov/od/pgo/funding/NATO_Commercial_and_Governmental_Entity_12-18-06.doc).

546

547 If the applicant encounters technical difficulties with Grants.gov, the applicant
548 should contact Grants.gov Customer Service. The Grants.gov Contact Center is
549 available 24 hours a day, 7 days a week. The Contact Center provides customer
550 service to the applicant community. The extended hours will provide applicants
551 support around the clock, ensuring the best possible customer service is received

552 any time it's needed. You can reach the Grants.gov Support Center at 1-800-518-
553 4726 or by email at support@grants.gov. Submissions sent by e-mail, fax, CD's or
554 thumb drives of applications will not be accepted.

555

556 **V.2. Content and Form of Submission**

557 **Application:**

558

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

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

568

569 The project abstract must contain a summary of the proposed activity suitable for
570 dissemination to the public. It should be a self-contained description of the project
571 and should contain a statement of objectives and methods to be employed. It
572 should be informative to other persons working in the same or related fields and

573 insofar as possible understandable to a technically literate lay reader. This abstract
574 must not include any proprietary/confidential information.

575

576 **A Project Narrative** must be submitted with the application forms. All electronic
577 narratives must be uploaded in a PDF file format when submitting via Grants.gov.

578 The narrative **MUST** be submitted in the following format:

- 579 • Maximum number of pages: 25 (If your narrative exceeds the page limit,
580 only the first pages which are within the page limit will be reviewed.);
- 581 • Font size: 12 point, unreduced, Times New Roman;
- 582 • Double spaced;
- 583 • Paper size: 8.5 by 11 inches (preferred), or generally accepted paper size;
- 584 • Page margin size: One inch;
- 585 • Number all pages of the application sequentially from page one
586 (Application Face Page) to the end of the application, including charts,
587 figures, tables, and appendices; and
- 588 • If paper application submission is applicable, the application should be
589 printed only on one side of each page and should be held together only by
590 rubber bands or metal clips; not bound in any other way.

591

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

- 594 • *Project Context and Background (Understanding and Need):* Describe the
595 background and justify the need for the proposed project. Describe the current
596 infrastructure system; targeted geographical area(s), if applicable; and identified
597 gaps or shortcomings of the current health systems and AIDS control projects;
- 598 • *Project Strategy - Description and Methodologies:* Present a detailed operational
599 plan for initiating and conducting the project. Clearly describe the applicant’s
600 technical approach/methods for implementing the proposed project. Describe the
601 existence of, or plans to establish partnerships necessary to implement the project.
602 Describe linkages, if appropriate, with programs funded by the U.S. Agency for
603 International Development;
- 604 • *Project Goals and Objectives:* Describe the overall goals of the project, and
605 specific objectives that are measurable and time phased, consistent with the
606 objectives and numerical targets of the Emergency Plan and for this
607 Cooperative Agreement program as provided in the “Purpose” Section at
608 the beginning of this Announcement;
- 609 • *Project Outputs:* Be sure to address each of the program objectives listed in
610 the “Purpose” Section of this Announcement. Measures must be specific,
611 objective and quantitative so as to provide meaningful outcome evaluation;
- 612 • *Project Contribution to the Goals and Objectives of the Emergency Plan:*
613 Provide specific measures of effectiveness to demonstrate accomplishment
614 of the objectives of this program;

- 615 • *Work Plan and Description of Project Components and Activities:* Be sure
616 to address each of the specific tasks listed in the activities section of this
617 announcement. Clearly identify specific assigned responsibilities for all
618 key professional personnel;
- 619 • *Performance Measures:* Measures must be specific, objective and
620 quantitative;
- 621 • *Timeline* (e.g., GANTT Chart); and
- 622 • *Management of Project Funds and Reporting.*

623

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

- 628 • *Project Budget Justification:*

629 With staffing breakdown and justification, provide a line item budget and a
630 narrative with justification for all requested costs. Be sure to include, if any, in-kind
631 support or other contributions provided by the national government and its donors
632 as part of the total project, but for which the applicant is not requesting funding.

633

634 Budgets must be consistent with the purpose, objectives of the Emergency Plan and
635 the program activities listed in this announcement and must include the following:

636 line item breakdown and justification for all personnel, i.e., name, position title,
637 annual salary, percentage of time and effort, and amount requested.

638

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

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

642

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

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

654 **If the total amount of appendices includes more than 80 pages, the application**
655 **will not be considered for review.**

656

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

663

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

667

668 **V.3. Submission Dates and Times**

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

671

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

683

684 *In the event that you do not receive a “validation” email within two (2) business*
685 *days of application submission, please contact Grants.gov. Refer to the email*

686 *message generated at the time of application submission for instructions on how*
687 *to track your application or the Application User Guide, Version 3.0 page 57.*
688
689

690 **Application Deadline Date: May 05, 2010**

691

692 **Explanation of Deadlines:** The HHS/CDC Procurement and Grants Office must

693 receive applications by 11:59 p.m. Eastern Time on the deadline date.

694

695 *Electronic Submissions:*

696 Applications may be submitted electronically at www.Grants.gov. Applications

697 completed on-line through [Grants.gov](http://www.Grants.gov) are considered formally submitted when the

698 applicant organization's Authorizing Organization Representative (AOR)

699 electronically submits the application to www.Grants.gov. Electronic applications

700 will be considered as having met the deadline if the application has been

701 successfully submitted electronically by the applicant organization's AOR to

702 [Grants.gov](http://www.Grants.gov) on or before the deadline date and time.

703

704 When submission of the application is done electronically through [Grants.gov](http://www.Grants.gov)

705 (<http://www.grants.gov>), the application will be electronically time/date stamped

706 and a tracking number will be assigned, which will serve as receipt of submission.

707 The AOR will receive an e-mail notice of receipt when HHS/CDC receives the

708 application.

709

710 **V.4. Intergovernmental Review of Applications**

711 Executive Order 12372 does not apply to this program.

712

713 **V.5. Funding restrictions**

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

715 follows:

- 716 • Grantees may not use funds for basic research.
- 717 • Grantees may only expend funds for reasonable program purposes,
718 including personnel, travel, supplies, and services, such as contractual.
- 719 • The direct and primary grantee in a cooperative agreement program must
720 perform a substantial role in carrying out project objectives and not merely
721 serve as a conduit for an award to another party or provider who is
722 ineligible.
- 723 • The costs that are generally allowable in grants to domestic organizations
724 are allowable to foreign institutions and international organizations, with
725 the following exception: With the exception of the American University,
726 Beirut and the World Health Organization, Indirect Costs will not be paid
727 (either directly or through sub-award) to organizations located outside the
728 territorial limits of the United States or to international organizations
729 regardless of their location.

- 730 • The applicant may contract with other organizations under this program;
731 however the applicant must perform a substantial portion of the activities
732 (including program management and operations, and delivery of prevention
733 services for which funds are required.)
- 734 • All requests for funds contained in the budget, shall be stated in U.S.
735 dollars. Once an award is made, CDC will not compensate foreign grantees
736 for currency exchange fluctuations through the issuance of supplemental
737 awards.
- 738 • Foreign grantees are subject to audit requirements specified in 45 CFR
739 74.26(d). A non-Federal audit is required, if during the grantees fiscal year,
740 the grantee expended a total of \$500,000.00 or more under one or more
741 HHS awards (as a direct grantee and/or as a sub-grantee). The grantee either
742 may have (1) A financial related audit (as defined in the Government
743 Auditing Standards, GPO stock #020-000-00-265-4) of a particular award
744 in accordance with Government Auditing Standards, in those case where the
745 grantee receives awards under only one HHS program; or, if awards are
746 received under multiple HHS programs, a financial related audit of all HHS
747 awards in accordance with Government Auditing Standards; or (2) An audit
748 that meets the requirements contained in OMB Circular A-133.

749 • A fiscal Grantee Capability Assessment may be required, prior to or post
750 award, in order to review the applicant’s business management and fiscal
751 capabilities regarding the handling of U.S. Federal funds.

752

753 **The 8% Rule**

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

758

759 To achieve this goal, the Office of the Global AIDS Coordinator (OGAC)
760 establishes an annual funding guideline for grants and cooperative agreement
761 planning. Within each annual PEPFAR country budget, OGAC establishes a limit
762 for the total amount of U.S. Government funding for HIV/AIDS activities provided
763 to a single partner organization under all grant and cooperative agreements for that
764 country. **For U.S. Government fiscal year (FY)10 , the limit is no more than 8**
765 **percent of the country's FY10 PEPFAR program funding (excluding U.S.**
766 **Government management and staffing costs), or \$2 million, whichever is**
767 **greater.** The total amount of funding to a partner organization includes any
768 PEPFAR funding provided to the partner, whether directly as prime partner or
769 indirectly as sub-grantee. In addition, subject to the exclusion for umbrella awards

770 and drug/commodity costs discussed below, all funds provided to a prime partner,
771 even if passed through to sub-partners, are applicable to the limit. PEPFAR funds
772 provided to an organization under contracts are not applied to the 8 percent/\$2
773 million single partner ceiling. PEPFAR publishes the single-partner funding limits
774 annually as part of guidance for preparing the Country Operational Plan (COP).
775 U.S. Government Departments and agencies must use the limits in the planning
776 process to develop Requests for Applications (RFAs), Annual Program Statements
777 (APSS), or Funding Opportunity Announcements (FOAs). However, as PEPFAR
778 country budgets are not final at the COP planning stage, the single partner limits
779 remain subject to adjustment. The current limit applicable to this FOA is
780 \$20,342,358 (8 percent or \$2 million, whichever is greater, of the country's
781 PEPFAR program funding). (Grants officers should insert the following sentence if
782 the Department or agency issues the RFA prior to Congressional appropriation and
783 final COP approval: "Please note that the current limit is based on an estimated
784 country budget developed for planning purposes; thus, the limit is also an estimate
785 and subject to change based on actual appropriations and the final approved country
786 budget.") Exclusions from the 8 percent/\$2 million single-partner ceiling are made
787 for (a) umbrella awards, (b) commodity/drug costs, and (c) Government Ministries
788 and parastatal organizations. A parastatal organization is defined as a fully or
789 partially state-owned corporation or government agency. For umbrella awards,
790 grants officers will determine whether an award is an umbrella for purposes of

791 exception from the cap on an award-by-award basis. Grants or cooperative
792 agreements in which the primary objective is for the organization to make sub-
793 awards and at least 75 percent of the grant is used for sub-awards, with the
794 remainder of the grant used for administrative expenses and technical assistance to
795 sub-grantees, will be considered umbrella awards and, therefore, exempted from
796 the cap. Agreements that merely include sub-grants as an activity in
797 implementation of the award but do not meet these criteria will not be considered
798 umbrella awards, and the full amount of the award will count against the cap. All
799 commodity/drug costs will be excluded from partners' funding for the purpose of
800 the cap. The remaining portion of awards, including all overhead/management
801 costs, will be counted against the cap.

802

803 Applicants should be aware that evaluation of proposals will include an assessment
804 of grant/cooperative agreement award amounts applicable to the applicant by U.S.
805 Government fiscal year in the relevant country. An applicant whose grants or
806 cooperative agreements have already met or exceeded the maximum, annual single-
807 partner limit may submit an application in response to this RFA/APS/FOA.
808 However, applicants whose total PEPFAR funding for this country in a U.S.
809 Government fiscal year exceeds the 8 percent/\$2 million single partner ceiling at
810 the time of award decision will be ineligible to receive an award under this
811 RFA/APS/FOA unless the U.S. Global AIDS Coordinator approves an exception to

812 the cap. **Applicants must provide in their proposals the dollar value by U.S.**
813 **Government fiscal year of current grants and cooperative agreements**
814 **(including sub-grants and sub-agreements) financed by the Emergency Plan,**
815 **which are for programs in the country(ies) covered by this RFA/APS/FOA.**
816 For example, the proposal should state that the applicant has \$_____ in
817 FY2010 grants and cooperative agreements (for as many fiscal years as applicable)
818 in Zambia. For additional information concerning this RFA/APS/FOA, please
819 contact the Grants Officer for this RFA/APS/FOA. (Grants officers: Where the
820 statement of work indicates awards will be made as umbrella awards, add the
821 following language to the RFA/APS/FOA): Based on the statement of work for this
822 RFA/APS/FOA, PEPFAR will consider awards hereunder as umbrella awards, and
823 they will be exempt from the single-partner funding limit.

824

825 **Prostitution and Related Activities**

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

829

830 Any entity that receives, directly or indirectly, U.S. Government funds in
831 connection with this document “grantee” cannot use such U.S. Government funds
832 to promote or advocate the legalization or practice of prostitution or sex trafficking.

833 Nothing in the preceding sentence shall be construed to preclude the provision to
834 individuals of palliative care, treatment, or post-exposure pharmaceutical
835 prophylaxis, and necessary pharmaceuticals and commodities, including test kits,
836 condoms, and, when proven effective, microbicides.

837

838 A grantee that is otherwise eligible to receive funds in connection with this
839 document to prevent, treat, or monitor HIV/AIDS shall not be required to endorse
840 or utilize a multisectoral approach to combating HIV/AIDS, or to endorse, utilize,
841 or participate in a prevention method or treatment program to which the grantee has
842 a religious or moral objection. Any information provided by grantees about the use
843 of condoms as part of projects or activities that are funded in connection with this
844 document shall be medically accurate and shall include the public health benefits
845 and failure rates of such use.

846

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

852

853 The following definition applies for purposes of this clause:

854 Sex trafficking means the recruitment, harboring, transportation, provision, or
855 obtaining of a person for the purpose of a commercial sex act. 22 U.S.C. §
856 7102(9).

857

858 All grantees must insert provisions implementing the applicable parts of this
859 section, “Prostitution and Related Activities,” in all subagreements under this
860 award. These provisions must be express terms and conditions of the
861 subagreement, must acknowledge that compliance with this section, “Prostitution
862 and Related Activities,” is a prerequisite to receipt and expenditure of U.S.
863 government funds in connection with this document, and must acknowledge that
864 any violation of the provisions shall be grounds for unilateral termination of the
865 agreement prior to the end of its term. Grantees must agree that HHS may, at any
866 reasonable time, inspect the documents and materials maintained or prepared by the
867 grantee in the usual course of its operations that relate to the organization’s
868 compliance with this section, “Prostitution and Related Activities.”

869

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

875 prerequisites to the payment of any U.S. Government funds in connection with this
876 document.

877

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

885

886 **VI. Application Review Information**

887 **VI.1. Criteria**

888 Applicants are required to provide measures of effectiveness that will demonstrate
889 the accomplishment of the various identified objectives of the cooperative
890 agreement. Measures of effectiveness must relate to the performance goals stated
891 in the "Purpose" section of this announcement. Measures must be objective and
892 quantitative and must measure the intended outcome. The measures of
893 effectiveness must be submitted with the application and will be an element of
894 evaluation.

895

896 The application will be evaluated against the following criteria:

897 **Ability to Carry Out the Proposal (15 points)**

898 Does the applicant demonstrate the local experience in the Republic of Zambia and
899 institutional capacity (both management and technical) to achieve the goals of the
900 project with documented good governance practices? Does the applicant have the
901 ability to coordinate and collaborate with existing Emergency Plan partners and
902 other donors, including the Global Fund and other U.S. Government Departments
903 and agencies involved in implementing the President's Emergency Plan, including
904 the U.S. Agency for International Development? Is there evidence of leadership
905 support and evidence of current or past efforts to enhance HIV prevention? Does
906 the applicant have the capacity to reach rural and other underserved populations in
907 Zambia? Does the organization have the ability to target audiences that frequently
908 fall outside the reach of the traditional media, and in local languages? To what
909 extent does the applicant provide letters of support? To what extent does the
910 applicant demonstrate the direct involvement of community leadership, traditional
911 chiefs, religious leaders, local government and civil society in project design,
912 implementation and monitoring?

913

914 **Technical and Programmatic Approach (30 points)**

915 The application reflects excellent understanding of the overall program description,
916 and its goal, objectives and expected results. The technical approach will be

917 evaluated on the overall merit (creativity, clarity, analytical depth, state-of-the-art
918 technical knowledge, and responsiveness) and feasibility of the approach and
919 strategies proposed to achieve the program's objective and results. Responsiveness
920 to each of the bullets provided below will be taken into consideration by the
921 technical evaluation committee in determining the overall score, but will not be
922 individually scored. Elements of evaluation will include the following:

923

- 924 • Understanding of, and a credible approach for, achieving the overall goal of
925 decreasing new HIV infections through a community compact approach.
- 926 • Definitions of community and proposed interventions are relevant and
927 likely to achieve the anticipated results for each objective.
- 928 • Processes for identifying communities and engaging them in meaningful
929 activities to produce real and measurable behavior change are plausible and
930 clearly described.
- 931 • Approach to achieving objectives is clearly defined with clear articulation
932 of expected results and timeframes.
- 933 • Clear and concise actions related to developing the community compact,
934 and managing activities with the defined community including the incentive
935 process and monitoring results, including any potential unintended
936 consequences.
- 937 • Feasibility, efficiency, sustainability, and potential to scale-up.

938

939 **Capacity Building (10 points)**

940 Does the applicant have a proven track record of building the capacity of
941 indigenous organizations and individuals? Does the applicant have relevant
942 experience in using participatory methods, and approaches, in project planning and
943 implementation? Does the applicant describe an adequate and measurable plan to
944 progressively build the capacity of local organizations and of target beneficiaries to
945 respond to the epidemic? If not a local indigenous organization, does the applicant
946 articulate a clear exit strategy which will maximize the legacy of this project in the
947 intervention communities? Does the capacity building plan clearly describe how it
948 will contribute to a) improved quality and geographic coverage of service delivery
949 to achieve the "3,12,12"¹ targets of the President's Emergency Plan, and b) (if not a
950 local indigenous organization) an evolving role of the prime beneficiary with
951 transfer of critical technical and management competence to local
952 organizations/sites in support of a decentralized response?

¹ 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.

953

954 **Monitoring and Evaluation (10 points)**

955 The monitoring and evaluation (M&E) plan will be evaluated according to the
956 following criteria. Responsiveness to each of the bullets provided below will be
957 taken into account by the technical evaluation panel in determining the overall
958 score for this category, but will not be individually scored. Elements of evaluation
959 include:

- 960 • Illustrative M&E plan including methods to track and monitor results at the
961 designated community level.
- 962 • Evidence based approaches under which incentives will be provided to
963 communities.
- 964 • Plans, systems, tools, to monitor unintended consequences of the program.
- 965 • Illustrative Performance Management Plan that outlines the approach to
966 program monitoring.
- 967 • Description of the methodology to be used for data collection which takes
968 into account cost efficiencies and timeliness.

969

970 **Understanding of the Problem (15 points)**

971 Does the applicant demonstrate a clear and concise understanding of the current
972 national HIV/AIDS response and the cultural and political context relevant to the
973 programmatic areas targeted? Does the applicant display an understanding of the

974 Five-Year Strategy and goals of the President's Emergency Plan? To what extent
975 does the applicant justify the need for this program within the target community?

976

977 **Personnel (10 points)**

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

988

989 **Administration and Management (10 points)**

990 Does the applicant provide a clear plan for the administration and management of
991 the proposed activities, and to manage the resources of the program, prepare
992 reports, monitor and evaluate activities, audit expenditures and produce collect and
993 analyze performance data? Is the management structure for the project sufficient to
994 ensure speedy implementation of the project? If appropriate, does the applicant

995 have a proven track record in running transparent and competitive procurement
996 processes; supervising consultants and contractors; using subgrants or other
997 systems of sharing resources with community based organizations, faith based
998 organizations or smaller non-governmental organizations; and providing technical
999 assistance in laboratory or pharmacy management? The grantee must demonstrate
1000 an ability to submit quarterly reports in a timely manner to the HHS/CDC office.

1001

1002 **Budget (Reviewed, but not scored)**

1003 Is the itemized budget for conducting the project, along with justification,
1004 reasonable and consistent with stated objectives and planned program activities? Is
1005 the budget itemized, well justified and consistent with the goals of the President's
1006 Emergency Plan for AIDS Relief? If applicable, are there reasonable costs per
1007 client reached for both year one and later years of the project?

1008

1009 **VI.2. Application Review Process**

1010 Applications will be reviewed for completeness and for responsiveness jointly by
1011 the Procurement and Grants Office (PGO) and HHS/CDC Global AIDS Program
1012 staff. Incomplete applications and applications that are non-responsive to the
1013 eligibility criteria will not advance through the review process. Applicants will be
1014 notified the application did not meet submission requirements.

1015

1016 An objective review panel will evaluate complete and responsive applications
1017 according to the criteria listed in the “VI.1. Criteria” section above. All persons
1018 who serve on the panel will be external to the U.S. Government Country Program
1019 Office. The panel may include both U.S. Federal Government and non-U.S.
1020 Federal Government participants.

1021

1022 **VI.3. Applications Selection Process**

1023 Applications will likely be funded in order by score and rank determined by the
1024 review panel. However, the following “*Funding Preferences*” may affect the
1025 funding decision:

- 1026 • Funding preference will be given to public, private, faith or community-
1027 based organizations, educational/research institutions, and statutory boards
1028 with a mandate by the Government of the Republic of Zambia to respond to
1029 the specific activities listed within this announcement.
- 1030 • Demonstrated involvement of community leadership, traditional chiefs,
1031 religious leaders, local government and civil society in project design,
1032 implementation and monitoring.

1033

1034 CDC will provide justification for any decision to fund out of rank order.

1035

1036 **VI.4. Anticipated Award Announcement Date**

1037 The anticipated date for announcing the award is September 30, 2010

1038

1039 **VII. Award Administration Information**

1040 **VII.1. Award Notices**

1041 Successful applicants will receive a Notice of Award (NoA) from the CDC

1042 Procurement and Grants Office. The NoA shall be the only binding, authorizing

1043 document between the grantee and CDC. The NoA will be signed by an authorized

1044 Grants Management Officer and emailed to the program director and a hard copy

1045 mailed to the grantee fiscal officer identified in the application.

1046

1047 Unsuccessful applicants will receive notification of the results of the application

1048 review by mail.

1049

1050 **VII.2. Administrative and National Policy Requirements**

1051 Successful applicants must comply with the administrative requirements outlined in

1052 45 CFR Part 74 and Part 92, as appropriate. The following additional requirements

1053 apply to this project:

1054 • AR-4 HIV/AIDS Confidentiality Provisions

1055 • AR-5 HIV Program Review Panel Requirements

1056 • AR-6 Patient Care

1057 • AR-8 Public Health System Reporting Requirements

- 1058 • AR-9 Paperwork Reduction Act Requirements
- 1059 • AR-10 Smoke-Free Workplace Requirements
- 1060 • AR-11 Healthy People 2010
- 1061 • AR-12 Lobbying Restrictions
- 1062 • AR-14 Accounting System Requirements
- 1063 • AR-15 Proof of Non-Profit Status
- 1064 • AR-23 States and Faith-Based Organizations
- 1065 • AR-24 Health Insurance Portability and Accountability Act
- 1066 Requirements
- 1067 • AR-25 Release and Sharing of Data

1068

1069 Additional information on the requirements can be found on the CDC Web site at
 1070 the following Internet address:

1071 http://www.cdc.gov/od/pgo/funding/Addtl_Reqmnts.htm.

1072

1073 For more information on the Code of Federal Regulations, see the National
 1074 Archives and Records Administration, at the following Internet address:

1075 <http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>

1076

1077 Applicants must include an additional Certifications form from the PHS5161-1
 1078 application in the Grants.gov electronic submission only. Applicants should refer

1079 to the following Internet address: <http://www.cdc.gov/od/pgo/funding/PHS5161-1->
1080 Certificates.pdf. Once the applicant has filled out the form, it should be attached to
1081 the Grants.gov submission as an Other Attachments Form. CDC Assurances and
1082 Certifications can be found on the CDC Web site at the following Internet address:
1083 <http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm>

1084

1085 **Terms and Conditions**

1086 **VII.3. Reporting Requirements**

1087 The applicant must provide HHS/CDC with an original, plus two hard copies, of
1088 the following reports:

- 1089 1. Interim progress report, due no less than 90 days before the end of the
1090 budget period. The progress report will serve as the non-competing
1091 continuation application, and must contain the following elements:
 - 1092 a. Activities and Objectives for the Current Budget Period;
 - 1093 b. Financial Progress for the Current Budget Period;
 - 1094 c. Proposed Activity and Objectives for the New Budget Period
1095 Program;
 - 1096 d. Budget and budget narrative;
 - 1097 e. Measures of Effectiveness, including progress against the numerical
1098 goals of the President's Emergency Plan for AIDS Relief for
1099 Zambia; and

1100 f. Additional Requested Information;
1101
1102 2. Annual progress report, due 90 days after the end of the budget period.
1103 Reports should include progress against the numerical goals of the
1104 President's Emergency Plan for AIDS Relief for Zambia;
1105 3. Financial status report, due no more than 90 days after the end of the budget
1106 period; and
1107 4. Final financial FSR and progress reports, due no more than 90 days after the
1108 end of the project period.
1109 These reports must be mailed to the Grants Management Specialist listed in the
1110 "VIII. Agency Contacts" section of this announcement.
1111
1112 **VIII. Agency Contacts**
1113 HHS/CDC encourages inquiries concerning this announcement.
1114 For general questions, contact:
1115 Technical Information Management Section
1116 Procurement and Grants Office
1117 Centers for Disease Control and Prevention
1118 U.S. Department of Health and Human Services
1119 2920 Brandywine Road, Mail Stop E-14
1120 Atlanta, GA 30341

1121 Telephone: 770-488-2700

1122 Email: pgotim@cdc.gov

1123

1124 For program technical assistance, contact:

1125 Laurie Fuller, Project Officer

1126 Centers for Disease Control and Prevention

1127 American Embassy

1128 P.O. Box 31617

1129 Lusaka, Zambia

1130 Telephone: +260-211-257515

1131 Email: FullerL@zm.cdc.gov

1132

1133 For financial, grants management, or budget assistance, contact:

1134 Teresa Kidd, Grants Management Specialist

1135 Procurement and Grants Office

1136 Centers for Disease Control and Prevention

1137 U.S. Department of Health and Human Services

1138 2920 Brandywine Road, Mail Stop K-75

1139 Atlanta, GA 30341

1140 Telephone: 770-488-2793

1141 Email: ibq5@cdc.gov

1142

1143 **IX. Other Information**

1144 Other CDC funding opportunity announcements can be found on the CDC Web

1145 site, Internet address: <http://www.cdc.gov/od/pgo/funding/FOAs.htm> and on the

1146 website of the HHS Office of Global Health Affairs, Internet address:

1147 www.globalhealth.gov.

1148