

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

**Centers for Disease Control and Prevention (CDC)**

**Support for the Greater Involvement of People Living with HIV/AIDS (GIPA) in**

**the Federal Democratic Republic of Ethiopia**

**Under the President's Emergency Plan for AIDS Relief (PEPFAR)**

**I. Authorization of Intent**

**Announcement Type:** Supplemental

**Funding Opportunity Number:** CDC-RFA-PS10-10158

**Health Impact Number:** 2979

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

**Application Deadline:** December 3, 2015

**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 strengthen the involvement of People Living with HIV (PLHIV) in the implementation of the National HIV/AIDS Program by initiating a case management program to address issues related to adherence to care and treatment services, to link patients to important community resources, and support highly utilized health facilities. The primary focus of HIV/AIDS case management program is to develop a purposeful and proactive approach to the prevention of patient attrition and the optimization of adherence to recommended treatment and care services. This approach ensures a continuity of care for patients through the use of “trained lay persons” who link patients to availability of different levels of services. Case management is a client-centered, goal-oriented process for assessing the needs of an individual patient for

particular services and obtaining those services. A well implemented case management program could also establish connections between the different tiers of the health system with community services, thereby assisting the facilities in their effort to track patients and minimize the number of clients defaulting from care and treatment services. Overall, case management promises to enhance the coordination and integration of the health care system by ensuring the continuity of service delivery, facilitating inter-facility and intra-facility referrals, and improving the function of the health network model.

While the implementing partner manages the program, the case management program should be led and coordinated by the Federal Ministry of Health (FMOH) and the Regional Health Bureaus (RHBs). This will ensure that it is integrated into the existing health care delivery system and has strong ownership by the local system. The program will be managed and coordinated at different levels, including national, regional, zonal, woreda, health facility, and community levels. The program will be implemented in close collaboration and coordination with the activities of other implementing partners, donors, and stakeholders operating at these different levels to improve access, synergize efforts, and maximize outcomes. The case management program will be implemented according to the National HIV/AIDS Case Management Guidelines and Standards. There will be regular supportive supervision provided to case management staff to ensure compliance with guidelines and accountability. The case management program will have its own monitoring and evaluation (M&E) plan, as well as reporting system. The program will engage and build the capacity of local partners that is critical for sustainability of the national program.

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

1. Number of community health and para-social workers who successfully completed a pre-service training program: 450 case managers recruited, trained and deployed to HIV care and treatment facilities.
2. Number of health facilities that offer ART: 600 HIV care and treatment providing facilities supported by the case management program.

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 Ethiopian population and must also coordinate with activities supported by Ethiopia, 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 (grantee) of these funds are responsible for activities in multiple program areas.

The grantee will implement activities both directly and, where applicable, through sub-grantees; the 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. The 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 Ethiopia. The grantee will produce an annual operational plan, which the U.S. Government Emergency Plan team on the ground in Ethiopia will review as part of the annual Emergency Plan review-and-approval process managed by the Office of the U.S. Global AIDS Coordinator.

The 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:

*Grantee will continue implementing programmatic activities as reflected in the scope of work of the original FOA CDC-RFA-PS10-10158. Focus of intervention is mainly on facilities that provide ART services-644.*

*Grantee activities during the extension period include:*

<i>Activities</i>	<i>Outputs/Immediate Outcomes</i>
<ul style="list-style-type: none"> <li>• <i>Build the administrative and technical capacity and strengthen the national and regional networks in planning, implementing, monitoring and reporting program activities;</i></li> <li>• <i>Recruit and/or provide training to case managers and adherence supporters;</i></li> <li>• <i>Deploy case managers and adherence supporters to ART facilities;</i></li> <li>• <i>Support the ART patients and pre-ART patients in the health facilities through</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Number of case managers and adherence supporters trained (1264) according to the national standards</i></li> <li>• <i>Number of trained case managers and adherence supporters deployed to ART facilities</i></li> </ul>

<p><i>adherence preparation, education, adherence counseling and adherence support to enhance compliance to prescribed ART regimens;</i></p> <ul style="list-style-type: none"> <li>• <i>Promote disclosure of status and healthy life style;</i></li> <li>• <i>identification and tracking of lost patients;</i></li> <li>• <i>Support and strengthen linkage of ART and pre-ART patients to intra-facility, and community services;</i></li> <li>• <i>Maintain updated mapping or inventory of available catchment services for HIV patients in each supported health facility;</i></li> <li>• <i>Enhance public awareness and reduce stigma and discrimination;</i></li> <li>• <i>Own and support the case management program in development/update of policy, guidelines, training curriculum/manuals, M&amp;E tools;</i></li> <li>• <i>Coordinate and collaborate with the Federal Ministry of Health (FMOH) and the respective Regional Health Bureau (RHB)</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Number of ART facilities supported through the case management program</i></li>   <li>• <i>Regular supervision, mentoring and program reviews conducted</i></li>   <li>• <i>Updated mapping or inventory of catchment services</i></li>   <li>• <i>Applications, program and budget reports submitted</i></li> </ul>
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<i>for effective program planning, implementation and program monitoring.</i>	
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**CDC Activities:**

The selected applicant (grantee) 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 the U.S. 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 the 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 the 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 the 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 make recommendations to the 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 the grantee to assess monthly expenditures in relation to approved work plan and modify plans, as necessary.
  6. Meet on a quarterly basis with the grantee to assess quarterly technical and financial progress reports and modify plans as necessary.
  7. Meet on an annual basis with the 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 grantees meet U.S. Government financial and reporting requirements approved by the Office of Management and Budget (OMB) under 0920-0428 (Public Health Service Form 5161).
10. Collaborate with the 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 the 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 the 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:** 2015

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

**Approximate Total Project Period Funding:** \$10,250,001

**Approximate Number of Awards:** One

**Anticipated Award Date:** April 1, 2016

**Budget Period Length:** 12 Months.

**Project Period Length:** One Year

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 the 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:

NETWORK OF NETWORKS OF HIV POSITIVES IN ETHIOPIA

##### **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.

**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.

- Registration requirements: grantee is required to complete the Grants.Gov, DUNS and SAM registration.
- Additional submission requirement: *Recipient must demonstrate the ability to spend the funds during the budget/project period established for this FOA.*
- 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](http://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](http://www.Grants.gov) is the first step in submitting applications online. Registration information is located in the “Get Registered” screen of [www.Grants.gov](http://www.Grants.gov). Applicants are required to use this online tool. Please visit [www.Grants.gov](http://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](http://grants.gov) can submit the application. This is important to remember if the person who originally registered an organization on [grants.gov](http://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](http://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](http://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](http://www.cdc.gov/od/pgo/funding/NATO_Commercial_and_Governmental_Entity_12-18-06.doc).

If the applicant encounters technical difficulties with [Grants.gov](http://Grants.gov), the applicant should contact [Grants.gov](http://Grants.gov) Customer Service. The [Grants.gov](http://Grants.gov) Contact Center is available 24

hours a day, 7 days a week. The Contact Center provides customer service to the applicant community. The extended hours will provide applicants support around the clock, ensuring the best possible customer service is received any time it's needed. You can reach the Grants.gov Support Center at 1-800-518-4726 or by email at [support@grants.gov](mailto:support@grants.gov). Submissions sent by e-mail, fax, CD's or thumb drives of applications will not be accepted.

## **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; and
- *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: December 3, 2015**

**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](http://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](http://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 the grantees fiscal year, the 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). The 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 the 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.

### **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 grantees 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 the 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 the 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. The grantee shall refund to HHS the entire amount furnished in connection with this document in the event HHS determines the grantee has not complied with this section, "Prostitution and Related Activities."

## **VI. Application Review Information**

### **VI.1. Criteria**

Applicant is 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.

### **VI.2. Application Review Process**

Application 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.

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

The anticipated date for announcing the award is 4/1/2016.

## **VII. Award Administration Information**

### **VII.1. Award Notices**

Applicant will receive a Notice of Award (NoA) from the CDC Procurement and Grants Office. The NoA shall be the only binding, authorizing document between the 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 the grantee fiscal officer identified in the application.

## **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-7 Executive Order 12372
- AR-8 Public Health System Reporting Requirements
- AR-9 Paperwork Reduction Act Requirements
- AR-10 Smoke-Free Workplace Requirements
- AR-11 Healthy People 2010
- AR-12 Lobbying Restrictions
- AR-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

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](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 Ethiopia; 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 Ethiopia;
  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 "VIII. Agency Contacts" section of this announcement.

### **VIII. Agency Contacts**

HHS/CDC encourages inquiries concerning this announcement.

#### **For program technical assistance, contact:**

Julie Jenks,

Project officer

CDC-Ethiopia, Addis Ababa

Telephone: 251-011-130 6148

Email: [jdj2@cdc.gov](mailto:jdj2@cdc.gov)

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

Amma Cain,

Grants Management Specialist

Centers for Disease Control and Prevention (CDC)

Procurement and Grants Office (PGO)

Global Health Services Branch, Team 1

2920 Brandywine Road, Mailstop: K-75

Atlanta, Georgia 30341

Email: [fli1@cdc.gov](mailto:fli1@cdc.gov)

Tel: (770) 488-3251

Fax: (770) 488-2670

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](mailto: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](http://www.globalhealth.gov).