

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

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

**Provision of comprehensive, community-based HIV/AIDS Services and Capacity**

**Building of Indigenous Organizations in the Republic of Uganda under the**

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

**I. Authorization of Intent**

**Announcement Type:** New

**Funding Opportunity Number:** CDC-RFA-PS10-1018

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

**Health Impact Number:** 2999

**Application Deadline:** April 13, 2010

**Key Dates:**

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

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

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

**Authority:**

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

**Background:**

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

**Purpose:**

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

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

HHS/CDC focuses primarily 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); and
- 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 support the provision of comprehensive, community-based HIV/AIDS services in Uganda. The successful grantee will combine a facility- and community-based strategy to deliver HIV/AIDS services, in order to maximally reach entire communities while engaging them adequately to promote substantial community ownership of the program. This funding opportunity announcement (FOA) builds on previous PEPFAR support under the cooperative agreement: “Expansion of HIV/AIDS Care and Treatment Services and Training activities in the Republic of Uganda” and also serves to ensure continuity of comprehensive HIV/AIDS services to an existing pool of clients receiving HIV/AIDS care, support and treatment.

The main activities of this cooperative agreement include:

- 1) Continued provision of comprehensive basic care to an existing pool of 3,800 clients in care and 1700 on ART at Mbuya, Kinawataka and Banda in Kampala district and 350 clients in care and 30 on ART at Kasaala health sub district Luweero district; and expansion of the coverage of these HIV/AIDS services.
- 2) Establishing a functional monitoring and evaluation system of community interventions in coordination and in line with the national HMIS and monitoring and evaluation systems, and
- 3) Training, mentorship, and capacity building of selected Ugandan HIV/AIDS care, support and treatment organizations, particularly non-governmental, community-based, and faith-based organizations in comprehensive, community-based HIV/AIDS service delivery.

While maintaining facility-based services, this program will focus on establishing a successful and sustainable community program with a high degree of community ownership. This program will be implemented by interacting with communities in such a way as to build them up, include them in each step of the program, and stimulate their own problem-solving and leadership. Such a community program may include, but not necessarily be limited to, the following community strategies: a) direct health service delivery in communities or in homes; b) use of cultural interpreters or community ombudsmen to ensure culturally appropriate interventions; c) income generation, economic strengthening and/or microfinance activities; d) participatory community dialogues and facilitated problem-solving about health issues; e) community health groups and community health workers sustained by the community; f) community

generation and use of health data; g) strong linkages between local public health facilities and community health groups and workers; h) a census-based approach to achieve ongoing access to all segments of the community by community health groups or workers; and i) support for empowerment of community members, especially women, in both health and non-health areas identified as priorities by the community.

The scope of activities will include, but is not limited to, the program areas of PEPFAR including: prevention of mother to child transmission (PMTCT); abstinence/be faithful; medical transmission/injection safety; condoms and other prevention including medical male circumcision; palliative care: adult basic care and support; pediatric basic care and support; tuberculosis and HIV; orphans and vulnerable children (OVC); gender-based violence (GBV); prevention with positives (PWP)/ positive prevention (PP); HIV counseling and testing (HCT); treatment: antiretroviral drugs and antiretroviral services; laboratory services; strategic information; and other/policy analysis and system strengthening. These services may also be expanded as appropriate to address related public health activities including child survival, reproductive health, neglected tropical diseases and other priority health conditions as additional resources become available.

The grantee will work in collaboration with the HHS/CDC Uganda office, U.S.

Government in-country PEPFAR team, the Ugandan Ministry of Health (MoH), Uganda AIDS Commission (UAC) and the district health systems to achieve program outcomes.

All activities implemented under this program should follow national policies and guidance for the delivery of HIV/AIDS interventions. In addition to delivering services

and implementation of program activities, recipients should develop the capacity of their own and other organizations responsible for the delivery of community-based HIV/AIDS interventions in the country, and also improve the scale and quality of these interventions. In areas where USG implementing partners are working, the grantee should avoid overlap and duplication of services in order to maximize and efficiently utilize resources to complement the national HIV/AIDS program.

The successful grantee will promote community-based HIV/AIDS service delivery systems and activities, while supporting creative community-based HIV/AIDS initiatives particularly in the non-governmental, community-based, and faith-based organization (NGO/CBO/FBO) settings. They will also progressively expand the coverage, quality and range of interventions, as well as the population and geographic coverage for capacity building support for implementing partners, and demonstrate these achievements through measurable outcomes.

The grantee will work closely with district health offices and the Ministry of Health, so that community activities and M&E systems are as much as in line with national systems as possible. Also, through coordination with both the Ministry of Health and the US government PEPFAR team, the grantee will identify other indigenous organizations with whom to work to build capacity in community-based approaches to HIV/AIDS service delivery. This announcement supports the implementation of the Uganda National HIV/AIDS Strategic Plan and Health Sector Strategic Plan II. The grantee is expected to

develop, maintain capacity for and implement a robust program monitoring and evaluation system, and use the results for ongoing improvement of program performance.

Measurable outcomes of the program will be in alignment with the following performance goal(s) for PEPFAR:

#### **HIV Counseling and Testing (HCT)**

- Provide counseling and testing services for HIV and provide test results to at least 10,000 individuals the test results will be disaggregated by: sex, age, type of CT, and HIV;
- Provide counseling, testing and giving of results to at least 400 family members;
- Determine the number and percentage of HIV-infected household members successfully staged according to national guidelines or provided a CD4 test;
- Increase the number and percentage of couples for whom counseling, testing and disclosure is successfully facilitated;
- Provide counseling and testing to fifty percent of clients in health facilities; and
- At least four program service outlets will provide counseling and testing according to national and international standards.

#### **Prevention of Mother to Child Transmission (PMTCT)**

- Counsel, test and give HIV results to at least 260 pregnant women each year.  
Provide the percentage of women who are tested and know their status;

- Determine the number and percentage of male partners of pregnant women counseled and tested, and work to increase these numbers annually;
- Provide or refer at least 80% of identified HIV infected pregnant women for ARV prophylaxis to reduce risk of mother to child transmission;
- Provide any method of modern family planning in the postnatal clinic to at least 80% of identified HIV positive women who need it;
- Assess and provide HAART to at least 15% of identified HIV Infected women using either clinical staging and /or CD4 cell count; and
- Give ARV prophylaxis to at least 80% of newborns of HIV infected women (HIV exposed newborns) to reduce risk of mother to child transmission.

### **HIV prevention**

- Reach at least 8000 individuals with individual/small group interventions primarily focused on comprehensive ABC prevention approaches, and
- Reach at least 1000 individuals with individual/small group interventions primarily focused on biomedical prevention including medical male circumcision.

### **HIV/AIDS Care and Support**

- Provide at least 200 eligible clients with food and/or nutrition services in accordance with PEPFAR food and nutrition guidelines disaggregated by age ,sex, pregnant/lactating women, and type of nutrition support (therapeutic food, supplementary food, nutrition counseling);

- Provide at least 3,500 eligible adults and children a minimum of two care and support services, one clinical and one non-clinical ( including cotrimoxazole prophylaxis, CD4 count, OI management, sexually transmitted infections management, basic care package, TB/HIV and on-going counseling, sustainable livelihood initiatives, among others,) disaggregated by sex and age;
- Provide cotrimoxazole prophylaxis to at least 3,000 HIV-positive persons disaggregated by sex and age;
- Conduct Early Infant Diagnosis (EID) for at least 80% of HIV exposed infants, preferably at 6-8 weeks of age, provide the results to their caregivers, and refer to HIV care and treatment services;
- Offer an HIV test (PCR or ELISA) to at least 400 infants born to HIV-positive women within 12 months of birth;
- Provide Positive Prevention (Prevention with Positives) services (including partner and family counseling and testing, STI management, PMTCT, among others) integrated with care and treatment in at least four program sites;
- As part of Positive Prevention (Prevention with Positives) services, provide Family Planning Services to at least 800 eligible female clients of reproductive age under care and treatment;
- Train at least 40 PWP peer educators at health facility and community(disaggregated by health center level);
- Work with at least four health facilities to provide operational home based care services, and

- Build capacity in at least four health facilities to provide a minimum care and support package (minimum is HCT, TB diagnosis [smear] and treatment, oral morphine and cotrimoxazole prophylaxis).

### **Tuberculosis/HIV (TB/HIV)**

- Routinely screen 100% of HIV-positive patients for TB in HIV care and treatment settings;
- Conduct TB diagnosis and initiate TB treatment for at least 5% of HIV-positive TB patients in HIV counseling and testing, care and treatment settings;
- Counsel and test at least 80% of TB patients for HIV and record the results in the TB register; and provide cotrimoxazole prophylaxis to those identified HIV positive;
- Provide TB diagnosis and treatment to HIV-infected individuals (diagnosed or presumed) in at least four program service outlets; and
- Train not less than 50 providers to provide treatment for TB to HIV-infected individuals (diagnosed or presumed).

### **Antiretroviral Treatment (ART)**

- Enroll at least 200 adults and children with advanced HIV infection as newly started on ART disaggregated by sex, age and pregnancy status;
- Maintain on treatment at least 2,200 adults and children with advanced HIV infection receiving ART as “Currently receiving Highly Active Antiretroviral Therapy (HAART)” disaggregated by sex and age;

- At least 80% of adults and children with HIV known to be receiving continuous service and adherent to treatment for more than 12 months, assessed as “ever-started HAART” disaggregated by sex, and age;
- Determine the number and percentage of eligible HIV-infected household members initiated on ART;
  - Train at least 50 health workers to deliver ART services according to national and/or international standards; and
  - Establish a system to provide post-exposure prophylaxis (PEP) services to health workers and community members, and derive what percentage of individuals receive this service by exposure type.

### **Orphans and Vulnerable Children (OVC)**

- Provide at least 1,000 OVCs with at least three or more of the following services: care and support, education, psychosocial support, food security, economic strengthening, basic health, child protection and legal support; and
- Train at least 2,000 OVC providers and caregivers with appropriate skills to give the needed services to the OVCs under their care.

### **Laboratory**

- Train at least 10 laboratory staff to conduct HIV and OI laboratory testing;
- Maintain/improve capacity of at least three laboratories with capacity to perform HIV and TB clinical laboratory tests;

- Increase the number and percentage of laboratories/health facilities able to carry out HIV rapid tests with satisfactory performance in external quality assurance/proficiency testing (EQA/PT) program for HIV rapid test (HIV diagnostics); and
- Assess the number and percentage of designated laboratories with the capacity to monitor HIV care and treatment services according to national and international guidelines.

### **Health Systems Strengthening**

- Train and support at least 10 facility/community health care workers to complete in-service HIV/AIDS related training programs (community mobilization or service delivery), and
- Provide at least two indigenous organizations with technical assistance/capacity building for community mobilization and /or service delivery for HIV/AIDS prevention, care, and support, and/or treatment each year.

### **Additional measurable outcomes for community-based interventions include:**

- Facilitate the establishment to at least 10 community health groups comprising community health workers supported by their community;
- Provide income generation, economic strengthening or microfinance services to at least 50 households each year;
- Conduct at least six participatory community dialogues/ meeting each year;

- Determine the number of community meetings where community-generated health data shared; and
- Determine the number and percentage of households not directly reached with HIV/AIDS services, especially HIV counseling and testing, in relevant communities.

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 deliver HIV/AIDS related services to the Uganda population and must also coordinate with activities supported by Uganda, 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 applicant(s) (grantee) of these funds is responsible for activities in multiple program areas.

The grantee will implement activities both directly and, where applicable, through sub-grantees; the recipient 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 recipient 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 Uganda. The grantee will produce an annual operational plan, which the U.S. Government Emergency Plan team on the ground in Uganda 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.

Grantee activities for this program are as follows:

The grantee will work in collaboration with the HHS/CDC Uganda office, U.S. Government in-country PEPFAR team, the Ugandan Ministry of Health (MoH), Uganda AIDS Commission (UAC) and the district health systems to achieve program outcomes. All activities implemented under this program should follow national policies and guidance for the delivery of HIV/AIDS interventions. In addition to delivering services and implementation of program activities, recipients should develop the capacity of their own and other organizations responsible for the delivery of community-based HIV/AIDS interventions in the country, and also improve the scale and quality of these interventions. In areas where there are USG supported programs, the grantee should avoid overlap and duplication of services in order to maximize and efficiently utilize resources to complement the national HIV/AIDS program.

The grantee of these funds is responsible for activities in multiple program areas designed to target underserved communities in Uganda. Either the grantee will implement activities directly or will implement them through its sub grantees and/or subcontractors; the grantee will 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 indigenous organizations and local communities to respond to the national HIV epidemic, as well as progress towards the sustainability of activities.

A close working relationship with CDC and MOH technical staff is expected in implementation of the program activities. The grantee will establish relationships with other PEPFAR supported implementing partners and relevant stakeholders.

The grantee will work with the appropriate Ugandan governmental institutions and structures to ensure a strong and sustainable national health care delivery system through:

- Procurement of health commodities, equipment and supplies through established local supply agents when available;
- Support to districts and lower level health facilities to forecast and requisition sufficient quantities as appropriate;
- Support for the development of human resource systems that allow for appropriate recruitment, retention and training for all cadre of health professionals working in the program;
- Development of long-term financial plans for self-sufficiency;
- Establishment of strong governance and leadership policies, procedures and practices; and
- Development and provision for sufficient resources for a rigorous monitoring and evaluation plan. The annual performance monitoring and evaluation plan with clear benchmarks, indicators and targets.

## **Activities**

### **Administration and Management**

- a. Identify project staffing needs; hire and train staff;

- 1) No local staff employed full or part-time, directly or indirectly, should be paid less than a living wage (full-time: Uganda Shillings 250,000(approximately US\$130) month net as of January 2009, adjusted for inflation annually thereafter), and more than the US Government's FSN (Foreign Service National) salary scheme suggests for a corresponding job profile;
  - 2) No international staff employed full or part-time, directly or indirectly, should be paid more than a salary comparable o the US Government's GS 12-14 level, as indicated by comparable qualifications and work responsibilities;
- b. Identify vehicles, furnishings, fittings, equipment, computers and other fixed assets procurement needs of the program;
  - c. Establish suitable administrative and financial management structures, including a project office. These financial management structures must include the capacity for reporting quarterly financial expenditure by budget line item if required by HHS/CDC or OGAC headquarters or country offices, as well as adequate accounting staff and capacity to produce detailed and coherent budgets and provide effective control over and accountability for all funds, property and other assets which will be subject to close review by CDC Uganda;
  - d. As appropriate for this program, adequately budget for and construct a substantial and high quality Monitoring and Evaluation team. This should include the staffing ability to plan and conduct program evaluations, manage and clean data, analyze it, coordinate and perform data collection, develop data systems, maintain human subjects protections, interpret, disseminate and use data for program

implementation and policy formulation, and perform the corresponding training of relevant staff for these functions; and

- e. Develop and implement a robust plan for conducting evaluations of this project's performance, and coordinate with CDC and PEPFAR Uganda, and other relevant national institutions, to implement this plan. Support the implementation of evaluations of program performance by external organizations, when possible.

### **Prevention of Mother to Child Transmission (PMTCT)**

- Provide accessible, high-quality, comprehensive PMTCT services for HIV-infected women and their families through MCH/HIV integrated care, or establish reliable, active referral networks for PMTCT services; and
- Build the capacity of indigenous HIV/AIDS organizations and technical capacity of health care providers and community health workers to mobilize women and their partners for PMTCT services (rapid HIV counseling and testing in antenatal and maternity settings; combination short-course antiretroviral (ARV) prophylaxis for mother and infant and antiretroviral treatment (ART) for eligible mothers; counseling and support for infant feeding; link with wraparound services, such as nutrition, family planning services for women with HIV, and sustainable livelihood initiative); and strong links to care, treatment and support services.

### **HIV Prevention**

- Expand the capacity of communities and Ugandan organizations to reduce HIV transmission through evidence-based, targeted prevention programs that, focus on changing social norms to promote the delay of sexual debut, abstinence, fidelity with HIV-tested partners, partner reduction, condoms and, medical male circumcision;
- Support people living with HIV to reduce their risk of HIV transmission through positive prevention or “prevention with positives” interventions, particularly partner testing; and
- Promotion of gender equity and positive role models, and address negative social norm; gender based violence, stigma, and discrimination will be cross-cutting themes. Activities should target vulnerable persons.

#### **Palliative Care: Basic Care and Support**

- Provide facility, home and/or community-based basic health care and support to alleviate clinical, psychosocial, physical, and spiritual distress for HIV-infected individuals and their families and caregivers; including OI management, provision of the basic care package, nutrition and sustainable livelihoods, and
- Provide care and support activities with active linkages to ARV, TB, PMTCT, and HCT program activities.

#### **Palliative Care: Tuberculosis/HIV**

- Provide routine TB screening of HIV clients, TB diagnosis and management for clients with active TB, or actively link clients to comprehensive HIV/TB care and

treatment, in collaboration with specialized TB clinics, which follow national TB-treatment guidelines,

- Improve community support and clinical services for persons living with HIV and TB and their families; and
- Promote TB/HIV information and literature for communities to improve knowledge on TB and reduce TB/ HIV-related stigma.

### **Orphans and Vulnerable Children (OVC)**

- Improve the lives of orphans and other vulnerable children and families affected by HIV/AIDS, with emphasis on strengthening communities to meet the needs of orphans and other vulnerable children affected by HIV/AIDS;
- Identify HIV positive children through partnership with other community providers and district structures and ensure early access to clinical care and treatment linked with quality psychosocial care and other essential services, and
- Provide training to caregivers, or equipping communities to train local leaders, members of affected families, and caregivers in meeting specific needs of OVC.

### **HIV Counseling and Testing (CT)**

- Expand access to HIV counseling and testing through a variety of collaborative community testing and counseling services;
- Provide couple counseling and testing; and ensure that persons testing HIV positive and discordant couples are provided with support and care, and facilitated disclosure, and

- Provide appropriate prevention messages, and clearly establish linkages to ensure adequate referrals and follow-up services.

### **Treatment: Antiretroviral Drugs and Antiretroviral Services**

- Expand the number of health care facilities/sites providing basic health care and ART to HIV-infected people;
- Increase the number of health care workers trained to deliver HIV-related clinical services and/or ART provision;
- Increase the numbers of individuals provided with HIV-related basic health care services (including improving the prevention, diagnosis, and clinical management services for HIV/AIDS, sexually transmitted diseases [STDs]) and related opportunistic infections [OI], e.g., TB);
- Increase the number of patients newly initiating ART at supported health care facilities/sites;
- Increase the total number of patients currently receiving ART at each health facility/site;
- Increase the total number of HIV service points with active monitoring and evaluation and quality improvement programs;
- Ensure the availability of post exposure prophylaxis services for occupational and non-occupational exposure, and
- Establish a logistics and commodity supplies system through harmonized procurement of HIV testing commodities, laboratory supplies, ARVs and OI

drugs with National Medical Stores and/or using existing public and private sector procurement mechanisms.

### **Laboratory Infrastructure**

- Develop and strengthen laboratory facilities in accordance with MoH laboratory strategic policies and plan to support HIV/AIDS-related activities including the purchase of equipment through competitive processes;
- Provision of quality assurance, staff training and other technical assistance; and
- Support policies based on national and international best practices, training, waste-management systems, advocacy and other activities to promote medical injection safety, including establishing a distribution/supply chain, and the safe and appropriate disposal of injection equipment and other related equipment and supplies.

### **Community intervention activities**

- Direct health service delivery at community outreaches or in homes;
- Participatory community dialogues and facilitated problem-solving about health issues;
- Establish and/or identify community health groups and community health workers sustained by the community;
- Establish linkages between public and NGO health facilities and community health groups and workers;

- Develop a census-based approach to achieve ongoing access to all segments of the community by community health groups or workers, and use collected data to inform program strategies and activities;
- Promote sustainable livelihoods interventions, income generation, economic strengthening and/or microfinance activities, and
- Support for empowerment of community members, especially women, in both health and non-health areas identified as priorities by the community.

### **Monitoring and Evaluation**

- Establish monitoring and evaluation systems to respond to national, HHS/CDC and PEPFAR financial and reporting requirements including strategic information guidance established by the Office of the U.S. Global AIDS Coordinator, and
- Monitoring and evaluation tools/mechanisms must be compatible with relevant national and CDC monitoring systems, especially community health intervention monitoring and evaluation systems, and disseminate quarterly and other reports that describe the program activities.

### **Other/Policy Analysis and System Strengthening:**

#### **Training**

- Provision of in-service training in comprehensive HIV/AIDS services for health workers, in accordance with national HIV/AIDS policies, guidelines and training materials;

- Provision of on-site technical assistance and supportive supervision to health workers on delivery of comprehensive HIV/AIDS and community services, and
- Build a sustainable training model for provision of appropriate training in comprehensive HIV/AIDS service delivery, and serve as a model site for training and capacity building of health workers in HIV/AIDS community initiatives.

### **Capacity-building of indigenous community-based organizations**

- Coordinate with MOH and USG Uganda to identify and work with indigenous community-based organizations to promote successful community-based strategies and monitoring and evaluation systems; and
- Coordinate closely with district health offices and the Ministry of Health to ensure that strategies and M&E systems are as much in line with national systems as possible.

### **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 is 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 sub-grantees 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 grantee meet U.S. Government financial and reporting requirements approved by the Office of Management and Budget (OMB) under 0920-0428 (Public Health Service Form 5161).
  10. Collaborate with 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:** 2010

**Approximate Fiscal Year Funding:** \$3,000,000

**Approximate Total Project Period Funding:** \$15,000,000 (This amount is an estimate, and is subject to availability of funds and includes direct costs and indirect costs in the case of domestic grantees).

**Approximate Number of Awards:** 1-2

**Approximate Average Award:** \$3,000,000 (This amount is for the first 12 month budget period, and includes direct costs and indirect costs in the case of domestic grantees).

**Floor of Individual Award Range:** \$1,000,000

**Ceiling of Individual Award Range:** \$3,000,000 (This ceiling is for the first 12 month budget period and includes direct costs and indirect costs in the case of domestic grantees).

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

**Budget Period Length:** 12 Months

**Project Period Length:** Five Years

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

#### **IV. Eligibility**

##### **IV.1. Eligible applicants**

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

- Public nonprofit organizations
- Private nonprofit organizations
- For profit organizations
- Small, minority, women-owned business
- Universities
- Colleges

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

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

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

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

#### **IV.3. Other**

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

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

#### **PEPFAR Local Partner definition:**

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

(1) an individual must be a citizen or lawfully admitted permanent resident of and have his/her principal place of business in the country served by the PEPFAR program

with which the individual is or may become involved, and a sole proprietorship must be owned by such an individual; or

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

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

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

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

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

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

### **Special Requirements:**

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

- Late submissions will be considered non-responsive. See section “IV.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 can submit the application. This is important to remember if the person who originally registered an organization on grants.gov is no longer working for that particular organization. HHS/CDC suggests submitting

electronic applications prior to the closing date so if difficulties are encountered in Grants.gov, a hardcopy of the application can be submitted prior to the deadline.

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

[http://www.cdc.gov/od/pgo/funding/NATO\\_Commercial\\_and\\_Governmental\\_Entity\\_12-18-06.doc](http://www.cdc.gov/od/pgo/funding/NATO_Commercial_and_Governmental_Entity_12-18-06.doc).

If technical difficulties are encountered in Grants.gov, customer service may be reached by email at [support@grants.gov](mailto:support@grants.gov), or by phone 1-800-518-4726 (1-800-518-GRANTS).

The Customer Support Center is open from 7:00 a.m. to 9:00 p.m. Eastern Time, Monday through Friday.

## **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.

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

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

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

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

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

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

**If the total amount of appendices includes more than 80 pages, the application will not 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: April 13, 2010**

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

***Electronic Submissions:***

Applications may be submitted electronically at [www.Grants.gov](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:

- Recipients may not use funds for research.

- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- The direct and primary recipient 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 recipients are subject to audit requirements specified in 45 CFR 74.26(d). A non-Federal audit is required, if during the recipients fiscal year, the recipient expended a total of \$500,000.00 or more under one or more HHS awards (as a direct recipient and/or as a sub-recipient). The recipient 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 recipient 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 Recipient Capability Assessment may be required, prior to or post award, in order to review the applicant's business management and fiscal capabilities regarding the handling of U.S. Federal funds.

### **The 8% Rule**

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

To achieve this goal, the Office of the Global AIDS Coordinator (OGAC) establishes an annual funding guideline for grants and cooperative agreement planning. Within each annual PEPFAR country budget, OGAC establishes a limit for the total amount of U.S. Government funding for HIV/AIDS activities provided to a single partner organization under all grant and cooperative agreements for that country. **For U.S. Government fiscal year (FY) 2010, the limit is no more than 8 percent of the country's FY 2010 PEPFAR program funding (excluding U.S. Government management and staffing**

**costs), or \$2 million, whichever is greater.** The total amount of funding to a partner organization includes any PEPFAR funding provided to the partner, whether directly as prime partner or indirectly as sub-grantee. In addition, subject to the exclusion for umbrella awards and drug/commodity costs discussed below, all funds provided to a prime partner, even if passed through to sub-partners, are applicable to the limit. PEPFAR funds provided to an organization under contracts are not applied to the 8 percent/\$2 million single partner ceiling. PEPFAR publishes the single-partner funding limits annually as part of guidance for preparing the Country Operational Plan (COP). U.S. Government Departments and agencies must use the limits in the planning process to develop Requests for Applications (RFAs), Annual Program Statements (APSs), or Funding Opportunity Announcements (FOAs). However, as PEPFAR country budgets are not final at the COP planning stage, the single partner limits remain subject to adjustment. The current limit applicable to this FOA is \$21,304,099 (8 percent or \$2 million, whichever is greater, of the country's PEPFAR program funding). (Grants officers should insert the following sentence if the Department or agency issues the RFA prior to Congressional appropriation and final COP approval: "Please note that the current limit is based on an estimated country budget developed for planning purposes; thus, the limit is also an estimate and subject to change based on actual appropriations and the final approved country budget.") Exclusions from the 8 percent/\$2 million single-partner ceiling are made for (a) umbrella awards, (b) commodity/drug costs, and (c) Government Ministries and parastatal organizations. A parastatal organization is defined as a fully or partially state-owned corporation or government agency. For umbrella awards, grants officers will determine whether an award is an umbrella for purposes of

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

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

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

For additional information concerning this RFA/APS/FOA, please contact the Grants Officer for this RFA/APS/FOA. (Grants officers: Where the statement of work indicates awards will be made as umbrella awards, add the following language to the RFA/APS/FOA): Based on the statement of work for this RFA/APS/FOA, PEPFAR will consider awards hereunder as umbrella awards, and they will be exempt from the single-partner funding limit.

### **Prostitution and Related Activities**

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

Any entity that receives, directly or indirectly, U.S. Government funds in connection with this document “recipient” 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 recipient 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 recipient has a religious or moral objection. Any information provided by recipients 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 recipient 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 recipients must insert provisions implementing the applicable parts of this section, “Prostitution and Related Activities,” in all sub-agreements under this award. These provisions must be express terms and conditions of the sub-agreement, 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. Recipients must

agree that HHS may, at any reasonable time, inspect the documents and materials maintained or prepared by the recipient in the usual course of its operations that relate to the organization's compliance with this section, "Prostitution and Related Activities."

All prime recipients 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 recipient's name] certifies compliance with the section, 'Prostitution and Related Activities.')

addressed to the agency's grants officer. Such certifications by prime recipients are prerequisites to the payment of any U.S. Government funds in connection with this document.

Recipients' 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 recipient shall refund to HHS the entire amount furnished in connection with this document in the event HHS determines the recipient has not complied with this section, "Prostitution and Related Activities."

## **VI. Application Review Information**

### **VI.1 Criteria**

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

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

The application will be evaluated against the following criteria:

**Ability to Carry Out the Proposal (20 points):**

Does the applicant demonstrate the local experience in the institutional capacity (both management and technical) to achieve the goals of the project with documented good governance practices? Does the applicant have the ability to coordinate and collaborate with existing Emergency Plan partners and other donors, including the Global Fund and other U.S. Government Departments and agencies involved in implementing the President’s Emergency Plan, including the U.S. Agency for International Development? Is there evidence of leadership support and evidence of current or past efforts to enhance HIV prevention? Does the applicant have the capacity to reach rural and other underserved populations in? Does the organization have the ability to target audiences that frequently fall outside the reach of the traditional media, and in local languages? To what extent does the applicant provide letters of support?

**Technical and Programmatic Approach (20 points):**

Does the application include an overall design strategy, including measurable time lines, clear monitoring and evaluation procedures, and specific activities for meeting the proposed objectives? Does the applicant display knowledge of the strategy, principles and goals of the President's Emergency Plan, and are the proposed activities consistent with and pertinent to that strategy and those principles and goals? Does the applicant describe activities that are evidence based, realistic, achievable, measurable and culturally appropriate to achieve the goals of the President's Emergency Plan? Does the application propose to build on and compliment the current national response in with evidence-based strategies designed to reach underserved populations and meet the goals of the President's Emergency Plan? Does the application include reasonable estimates of outcome targets? (For example, the numbers of sites to be supported, number of clients the program will reach.) To what extent does the applicant propose to work with other organizations? The reviewers will assess the feasibility of the applicant's plan to meet the target goals, whether the proposed use of funds is efficient, and the extent to which the specific methods described are sensitive to the local culture.

**Capacity Building (15 points):**

Does the applicant have a proven track record of building the capacity of indigenous organizations and individuals? Does the applicant have relevant experience in using participatory methods, and approaches, in project planning and implementation? Does the applicant describe an adequate and measurable plan to progressively build the capacity of local organizations and of target beneficiaries to respond to the epidemic? If

not a local indigenous organization, does the applicant articulate a clear exit strategy which will maximize the legacy of this project in the intervention communities? Does the capacity building plan clearly describe how it will contribute to a) improved quality and geographic coverage of service delivery to achieve the "3,12,12"<sup>1</sup> targets of the President's Emergency Plan, and b) (if not a local indigenous organization) an evolving role of the prime beneficiary with transfer of critical technical and management competence to local organizations/sites in support of a decentralized response?

**Monitoring and Evaluation (15 points):**

Does the applicant demonstrate the local experience and capability to implement rigorous monitoring and evaluation of the project? Does the applicant describe a system for reviewing and adjusting program activities based on monitoring information obtained by using innovative, participatory methods and standard approaches? Does the plan include indicators developed for each program milestone, and incorporated into the financial and programmatic reports? Are the indicators consistent with the President's Emergency Plan Indicator Guide? Is the system able to generate financial and program reports to show disbursement of funds, and progress towards achieving the numerical objectives of the President's Emergency Plan? Is the plan to measure outcomes of the intervention, and the manner in which they will be provided, adequate? Is the monitoring and evaluation

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<sup>1</sup> 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.

plan consistent with the principles of the "Three Ones<sup>2</sup>?" Applicants must define specific output and outcome indicators must be defined in the proposal, and must have realistic targets in line with the targets addressed in the Activities section of this announcement.

**Understanding of the Problem (10 points):**

Does the applicant demonstrate a clear and concise understanding of the current national HIV/AIDS response and the cultural and political context relevant to the programmatic areas targeted? Does the applicant display an understanding of the Five-Year Strategy and goals of the President's Emergency Plan? To what extent does the applicant justify the need for this program within the target community?

**Personnel (10 points):**

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<sup>2</sup> The Emergency Plan supports the multi-sectoral national responses in host nations, adapting U.S. support to the individual needs and challenges of each nation where the Emergency Plan is at work. Countries and communities are at different stages of HIV/AIDS response and have unique drivers of HIV, distinctive social and cultural patterns (particularly with regard to the status of women), and different political and economic conditions. Effective interventions must be informed by local circumstances and coordinated with local efforts. In April 2004, OGAC, working with UNAIDS, the World Bank, and the U.K. Department for International Development (DfID), organized and co-chaired a major international conference in Washington for major donors and national partners to consider and adopt key principles for supporting coordinated country-driven action against HIV/AIDS. These principles became known as the "Three Ones": - **one national plan, one national coordinating authority, and one national monitoring and evaluation system** in each of the host countries in which organizations work. Rather than mandating that all contributors do the same things in the same ways, the Three Ones facilitate complementary and efficient action in support of host nations.

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

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

Does the applicant provide a clear plan for the administration and management of the proposed activities, and to manage the resources of the program, prepare reports, monitor and evaluate activities, audit expenditures and produce collect and analyze performance data? Is the management structure for the project sufficient to ensure speedy implementation of the project? If appropriate, does the applicant have a proven track record in managing large laboratory budgets; running transparent and competitive procurement processes; supervising consultants and contractors; using subgrants or other systems of sharing resources with community based organizations, faith based organizations or smaller non-governmental organizations; and providing technical assistance in laboratory or pharmacy management? The grantee must demonstrate an ability to submit quarterly reports in a timely manner to the HHS/CDC office.

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

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

**VI.2. Application Review Process**

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

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

An objective review panel will evaluate complete and responsive applications according to the criteria listed in the “V.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. Application Selection Process**

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

**Funding Preferences**

- While this funding opportunity announcement is fully competitive, preference in awarding will be given to Ugandan indigenous organizations. Please refer to PEPFAR definition of local partner (section IV).
- Indigenous organizations with at least 3 years in experience in the provision of comprehensive HIV prevention, care, support and treatment services at both the facility and community level will also be given funding preference.

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

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

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

**VII. Award Administration Information**

**VII.1. Award Notices**

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

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

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

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

- AR-4 HIV/AIDS Confidentiality Provisions
- AR-5 HIV Program Review Panel Requirements
- AR-6 Patient Care
- AR-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 Uganda; 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 Uganda;
  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:

Centers for Disease Control and Prevention

US Health and Human Services  
Uganda Virus Research Institute  
Sundeep Gupta  
P.O. Box 49 Entebbe, Uganda  
Telephone: +256 7521076  
Email: scg7@ug.cdc.gov

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

Shicann Phillips, Grants Management Specialist  
Procurement and Grants Office  
Centers for Disease Control and Prevention  
U.S. Department of Health and Human Services  
2920 Brandywine Road, Mail Stop: K-75  
Atlanta, GA 30341  
Telephone: 770-488-2615  
Email: IBQ7@cdc.gov

For general questions, contact:

Technical Information Management Section  
Procurement and Grants Office  
Centers for Disease Control and Prevention  
U.S. Department of Health and Human Services  
2920 Brandywine Road, Mail Stop E-14

Atlanta, GA 30341

Telephone: 770-488-2700

Email: [pgotim@cdc.gov](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).