

AMENDMENT I as of (02/13/2013):

1. Page 10: Total project period ceiling amount has been changed from \$3,500,000 to \$28,000,000 for the purpose of funding increased PEPFAR activities under the scope of Work as described herein, in Cameroon. This amendment is provided for informational purposes only. New application submissions are not being solicited.

Centers for Disease Control and Prevention

Application Instructions

CDC-RFA-PS10-1042 “Strengthening the Capacity of the National AIDS Control Committee to Ensure Prevention of HIV Infection in Health-Care Settings at National, Regional and District Levels in the Republic of Cameroon under the President's Emergency Plan for AIDS Relief.”

I. Program Implementation

Measurable Outcomes:

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

Blood Safety:

- Completion of a population-based assessment of knowledge, attitudes, and beliefs affecting voluntary, non-remunerated blood donation;
- Approval by Ministry of Public Health (MOPH) of a standardized donor screening protocol, including a self-assessment questionnaire;

- Approval by MOPH of standardized algorithms for testing of donor blood for HIV (separate from general HIV testing) and other transfusion-transmitted infections;
- Development of quality indicators for each phase from collection to transfusion, including cold chain integrity;
- Establishment of facility-level transfusion committees and data management systems;
- Establishment of a National Blood Transfusion Center, in line with the recommendations of the 2008 Blood Transfusion Situation Analysis and the National Strategic Plan for Blood Safety; and
- Increased percentage of volunteer, non-remunerated donors in the national system from 10% to 50% by end of project, with a long-term target of 100%.

Laboratory Quality:

- At least 50 labs will have basic functioning QA systems in place, in line with the National Quality Assurance Implementation Plan;
- At least 30 labs will be participating in the national proficiency testing program for HIV rapid testing;
- At least four labs will have WHO accreditation for lab quality management; and

- A Technical Working Group will be appointed by the Health Minister to finalize a National Strategic Laboratory Plan, which should include changes in laboratory policies.

PMTCT:

- The percentage of Antenatal Centers (ANC) conducting PMTCT activities will increase from less than 40% to 80%, with a long-term target of 100%;
- The percentage of ANCs participating in the national Early Infant Diagnosis (EID) program will increase from less than 20% to 50%, with a long-term target of 80%; and
- Lab testing for the EID program, currently performed by CDC, will be fully assumed by MOPH or its designee.

Strategic Information:

- Establishment of an operational, unified HIV/AIDS Monitoring & Evaluation (M&E) system in line with the national M&E plan, with active involvement of major partners;
- Completion of a national Antenatal Center-based HIV sentinel surveillance study; and
- Completion of a second-generation HIV prevalence survey among Men who have Sex with Men (MSM), and subsequently other at-risk populations identified.

(Note: Second-generation surveys include behavioral data as well as HIV serology and markers for sexually transmitted infections.)

HIV-TB Co-infection:

- Case-detection of TB among people living with HIV and voluntary counseling and testing for HIV among TB-infected persons;
- TB-specific infection control measures in laboratories and clinical areas where risk of co-infection is high; and
- Protocols for pneumocystis prophylaxis and TB treatment in dually-infected persons.

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be reviewed. For the definition of research, please see the CDC Web site at the following Internet address:

<http://www.cdc.gov/od/science/regs/hrpp/researchDefinition.htm>

Recipient Activities:

Grantee activities for this program are as follows:

The project's design is such that not all activities will be pursued with equal intensity from the outset. The effectiveness of HHS/CDC's partnership with the host country depends on building fundamentals, and a relationship of trust, before scaling up activities.

First-year funding is intended primarily for blood safety activities. Activities not directly

related to blood safety will depend of the availability of additional funds, and will be very limited in scale during the project's first year.

The first year of the program will focus on **Blood Safety**, which is CDC/Cameroon's most promising entry point for strengthening laboratory quality assurance and the use of strategic information. An important element of HIV prevention in its own right, a safe blood supply requires transition from collecting blood from paid donors and relatives to a not-yet-designed voluntary, population-based system of regular, low-risk donors. This includes creation of a roll-out plan for strengthening capacity of functional blood transfusion centers (e.g. cold chain maintenance), review and revision of the clinical use of blood transfusion, and adoption of standards of injection safety, IP/IC, and biohazardous waste management. Roll-out activities will receive greater attention in subsequent years of the project, depending on the availability of funding.

Technical assistance in **Laboratory Quality** is highly valued by the MOPH, and will continue to be provided under this project, as it pertains to HIV prevention, detection, treatment and care. In the project's first year, laboratory strengthening activities will focus on laboratories involved in collection, testing, processing, and distribution of blood products. Out-year activities may include capacity development for the newly identified National Public Health Reference Laboratory; approval of the National Strategic Laboratory Plan; support for Regional and district hospital laboratories in laboratory quality assessment, quality assurance (QA), and lab management; and limited procurement of essential equipment and supplies related to blood safety, EID, PMTCT, and QA programs.

Highly technical aspects of laboratory QA, particularly proficiency testing, in-depth data analysis, and technical training, are beyond the scope of this project, but will be addressed by a competitive FOA to be put out in parallel with this memorandum. In order to strengthen and sustain central, regional and district laboratory QA and lab management, an indigenous organization with laboratory technical expertise will be targeted for capacity-building under the competitive FOA. As the recipient of the current, non-competitive award, NACC is expected to provide active administrative support and coordination for the local partner implementing the more technical project.

CDC's highly successful collaboration with public, private, and faith-based health facilities on **PMTCT** activities has been invaluable in propagating stronger laboratory practices, more accessible voluntary counseling and testing, greater use of antiretroviral drugs, more conscientious and rational record-keeping, and improved collection and analysis of accurate data. CDC will maintain the continuity and momentum of these activities to strengthen and scale up PMTCT and EID. Depending on funding, this project may play a greater role in supporting PMTCT after the first year.

Experience shows that the use of **Strategic Information**, essential to the success of any public health program, is very poorly developed in Cameroon. CDC will continue to provide technical assistance to strengthen the capacity of the Cameroon HIV/AIDS surveillance system, particularly as it relates to conducting HIV sentinel surveillance based in antenatal clinics or targeting hidden/emerging populations, such as men who have sex with men (MSM). Surveillance is crucial to identify at-risk groups and risky

behaviors in order to design an effective blood donor-screening protocol. CDC will also work at the national level to build capacity to conduct meaningful monitoring and evaluation (M&E) activities for HIV as described in NACC national M&E plan. CDC activities early in the project will focus on basics such as improving frequency of data collection, establishing routine data management and analysis techniques, and promoting a harmonized M&E system.

Although CDC/Cameroon has not focused on management of opportunistic infections in general, **HIV-TB Co-infection** is a special case that requires tailored interventions in prevention, detection, treatment and care. Given additional funding, CDC will provide technical assistance to implement disease-specific preventive measures in laboratories, outpatient facilities, and TB wards; test TB patients for HIV and vice versa, develop protocols for prophylactic use of isoniazid and cotrimoxazole, and address barriers to adherence.

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 for a briefing on applicable U.S. Government, HHS/CDC, and President's Emergency Plan for AIDS Relief (PEPFAR) 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 (OGAC).
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 President's Emergency Plan for Relief (PEPFAR) Country Operational Plan (COP) review and approval process, managed by the OGAC.
3. Review and approve the grantee's annual work plan and detailed budget, as part of the PEPFAR COP review and approval process, managed by the OGAC.
4. Review and approve the grantee's monitoring and evaluation plan, including for compliance with the strategic information guidance established by the OGAC.
5. Meet on a regular basis with the grantee to assess 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 the subsequent year, as part of the PEPFAR review and approval process for COPs, managed by the OGAC.

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, and confidential counseling and testing.
9. Provide in-country administrative support to help the 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 OGAC documents to promote the use of best practices known at the time
12. Assist and mentor the recipient in developing and implementing quality management systems 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 awardee 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.

II. Award Information and Requirements

Type of Award: Cooperative Agreement

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

Fiscal Year Funds: 2010

Approximate Current Fiscal Year Funding: \$ 6,800,000.00

Approximate Total Project Period Funding: \$ 28,000,000.00

Anticipated Award Date: September 30, 2010

Budget Period Length: 12 months

Project Period Length: Five Years

Throughout the project period, 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 Federal government.

III. Application Content

Unless specifically indicated, this announcement requires *No Longer Applicable* of the following information: Table of content and pages to be numbered.

A Project Abstract must be completed in the Grants.gov application forms. 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 *No Longer Applicable* with the application forms. The project narrative must be uploaded in a PDF file format when *No Longer Applicable* via Grants.gov. The narrative must be *No Longer Applicable* 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
- Page margin size: One inch
- Number all narrative pages; not to exceed the maximum number of pages.

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;
- **Project Outputs:** Be sure to address each of the Measurable outcomes listed in this Announcement;
- **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 and provide a timeline (e.g. GANTT chart);
- **Performance Measures:** Measures must be specific, objective and quantitative; 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; and**
- **Job descriptions of proposed key positions to be created for the activity.**

No more than **four electronic attachments** should be uploaded per application.

Additional requirements for additional documentation with the application are listed in Section IV. Award Administration Information, subsection entitled “Administrative and National Policy Requirements.”

Application No Longer Applicable

Registering your organization through www.Grants.gov, the official agency-wide E-grant website, is the first step in ***No Longer Applicable***ting an application online. Registration information is located on the “Get Registered” screen of www.Grants.gov. Please visit www.Grants.gov at least 30 days prior to ***No Longer Applicable*** your application to familiarize yourself with the registration and ***No Longer Applicable*** processes. The “one-time” registration process will take three to five days to complete. However, the Grants.gov registration process also requires that you register your organization with the Central Contractor Registry (CCR) annually. The CCR registration can require an additional one to two days to complete.

No Longer Applicable the application electronically by using the forms and instructions posted for this funding opportunity on www.Grants.gov. If access to the Internet is not available or if the applicant encounters difficulty in accessing the forms on-line, contact the HHS/CDC Procurement and Grant Office Technical Information Management Section (PGO-TIMS) staff at (770) 488-2700 for further instruction.

Note: Application No Longer Applicable is not concluded until successful completion of the validation process.

After No Longer Applicable of your application package, applicants will receive a “No Longer Applicable 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 No Longer Applicable 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 No Longer Applicable of their application package is complete and no No Longer Applicable errors exists. To guarantee that you comply with the

application No Longer Applicable published in the Funding Opportunity Announcement, applicants are also strongly encouraged to allocate additional days prior to the published No Longer Applicable to file their application. Non-validated applications will not be accepted after the published application No Longer Applicable date.

In the event that you do not receive a “validation” email within two (2) business days of application No Longer Applicable, please contact Grants.gov. Refer to the email message generated at the time of application No Longer Applicable for instructions on how to track your application or the Application User Guide, Version 3.0 page 57.

Dun and Bradstreet Universal Number (DUNS)

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

Electronic *No Longer Applicable* of Application:

Applications must be *No Longer Applicable* electronically at www.Grants.gov.

Electronic applications will be considered as having met the *No Longer Applicable* if the application has been successfully *No Longer Applicable* electronically by the applicant organization’s Authorized Organizational representative (AOR) to Grants.gov on or before the *No Longer Applicable* date and time.

The application package can be downloaded from www.Grants.gov. Applicants can complete the application package off-line, and then upload and *No Longer Applicable* the application via the Grants.gov Web site. The applicant must *No Longer Applicable* all application attachments using a PDF file format when *No Longer Applicable* via

Grants.gov. Directions for creating PDF files can be found on the Grants.gov Web site.

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

Applications ***No Longer Applicable*** through Grants.gov (<http://www.grants.gov>), are electronically time/date stamped and assigned a tracking number. The AOR will receive an e-mail notice of receipt when HHS/CDC receives the application. The tracking number serves as a receipt of ***No Longer Applicable***.

If the applicant encounters technical difficulties with Grants.gov, the applicant should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7 days a week. The Contact Center provides customer service to the applicant community. The extended hours will provide applicants support around the clock, ensuring the best possible customer service is received any time it's needed. You can reach the Grants.gov Support Center at 1-800-518-4726 or by email at support@grants.gov. ***No Longer Applicable*** sent by e-mail, fax, CD's or thumb drives of applications will not be accepted.

No Longer Applicable Dates and Times

This announcement is the definitive guide on application content, ***No Longer Applicable***, and ***No Longer Applicable***. It supersedes information provided in the application instructions. If the application ***No Longer Applicable*** does not meet the ***No Longer Applicable*** published herein, it will not be eligible for review and the applicant will be notified the application did not meet the ***No Longer Applicable*** requirements. The application face page will be returned by HHS/CDC with a written explanation of the reason for non-acceptance.

Application ***No Longer Applicable*** Date: **TBD**

Application *No Longer Applicable* Date: **March 16, 2010**

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.

Application Review Information

Applications will be reviewed by technically qualified individuals using the following review criteria:

- **Project Context and Background (Understanding and Need);**
- **Project Strategy - Description and Methodologies;**
- **Project Goals and Objectives;**
- **Project Outputs;**
- **Project Contribution to the Goals and Objectives of the Emergency Plan;**

- **Work Plan and Description of Project Components and Activities;**
- **Performance Measures; and**
- **Management of Project Funds and Reporting.**

The applicant can obtain guidance for completing a detailed justified budget on the CDC website, at the following Internet address:

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

IV. Award Administration Information

Award Notices

The successful 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 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.

Administrative and National Policy Requirements

Successful applicants must comply with the administrative requirements outlined in 45 CFR Part 74. 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-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.

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 *No Longer Applicable* 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 *No Longer Applicable* 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

Applicant must provide CDC with an annual Interim Progress Report *No Longer*

*Applicable*ted via www.grants.gov;

1. The Interim Progress Report is due no less than 90 days before the end of the budget period. The Interim 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. Detailed Proposed Activity and Objectives for the New Budget Period Program.
 - d. Budget Narrative.
 - e. Measures of Effectiveness, including progress against the numerical goals of the President's Emergency Plan for AIDS Relief for the activities that have been implemented.
 - f. Standard Form (SF) 424S Form.
 - g. Standard Form 424A Budget Information-Non-Construction Programs.
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 the activities that have been implemented;
3. Financial status report, due no more than 90 days after the end of the budget period; and
4. Final financial FSR (required) and progress reports (optional), due no more than 90 days after the end of the project period.

These reports must be *No Longer Applicable*ted to the Grants Management Specialist listed in the Section entitled "Agency Contacts".

Other:

In an effort to ensure maximum cost efficiencies and program effectiveness, HHS/CDC 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 grantee may also be responsible for planning, implementing, and coordinating infrastructure development requirements supporting the primary public health purpose of this funding opportunity announcement.

V. Agency Contacts

For program technical assistance and for financial, grants management or budget assistance refer to the contacts information posted under the announcement.