

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

Centers for Disease Control and Prevention (CDC)

Institutional Capacity Building (ICB) Assistance to Support Local Partners in Developing their Leadership, Organizational and Financial Management Capacity to Provide a Sustainable Response to the Human Immunodeficiency Virus (HIV) Epidemic in the United Republic of Tanzania under the President's Emergency Plan for AIDS Relief (PEPFAR)

**I. Authorization of Intent**

**Announcement Type:** New

**Funding Opportunity Number:** CDC-RFA-PS10-1063

**Health Impact Number:** 3018

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

**Application Deadline:** April 19, 2010

**Key Dates:**

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

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

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

**Authority:**

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

**Background:**

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

**Purpose:**

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

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

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

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

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

The purpose of this program is to build the institutional capacity of United States Health and Human Services Department (HHS)-funded partners indigenous to United Republic of Tanzania (URT) (hereinafter "local partners") to support high-impact, sustainable programs to respond to the HIV/AIDS epidemic in the URT. This will be accomplished by providing financial assistance through a cooperative agreement to an institution(s) with expertise in working with the public and private sector to strengthen the leadership, governance and management of HHS-funded local partners, including the Ministry of Health and Social Welfare (MOHSW), other host government institutions, local governments, community-based organizations (CBOs), faith-based organizations (FBOs) and other private sector initiatives that are directly or indirectly funded by HHS.

The principal focus of PEPFAR's Five-Year Partnership Framework is building the long-term sustainability of the national HIV/AIDS responses. Consistent with the Partnership Framework, HHS is working with several Tanzanian partners, including the MOHSW, to scale-up their response to HIV/AIDS. In order to meet the goals and objectives of PEPFAR, administer resources efficiently, and ensure good stewardship of PEPFAR funds it is important to work with local partners to ensure their organizational and management structure and internal controls can meet the growing demands. The HHS/CDC is looking for creative, result-driven approaches to assist HHS- funded local partners in developing effective, accountable, and sustainable programs.

For the purpose of this program, the term "institutional capacity building" or "ICB" means information, training, technical assistance (TA) and technology transfer to HHS- funded local partners to strengthen their leadership, governance and organizational management capacity; including planning, human resource management, financial, data and property management systems, audit, and compliance with USG and HHS/CDC grants rules and regulations. This assistance will be given to participating local institutions without cost to each grantee.

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

1. Provide support to a minimum of eight host governments and local institutions;
2. Establish financial management and reporting systems that follow recognized accounting standards and would satisfy an external audit as defined by USG

standards: 50% within the first year of support and one 100% within the second year of the project;

3. Secure at least one new funding source to supplement or supplant current USG funded activity from a source outside the USG: for 10% of assigned partners by year one and increasing to 50% by the end of the project;
4. Have standardized asset and property management systems by year one for 75% of assigned partners and increasing to 100% by the end of the project;
5. Provide leadership development training to facilitate forecasting of budget needs and strategic planning to 100% of assigned partners;
6. Have a current and clearly enumerated strategic plan for 75% of assigned partners within first year of support and increasing to 100% by the end of the project;
7. Submit a comprehensive quarterly program monitoring and evaluation report for 100% of assigned partners within first year of funding; and
8. Meet CDC Program deadlines for 100% of assigned partners.

This announcement is intended for non-research activities supported by the Centers for Disease Control and Prevention within HHS (HHS/CDC). If an applicant proposes research activities, HHS/CDC will not review the application. For the definition of “research,” please see the HHS/CDC Web site at the following Internet address:

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

## **II. Program Implementation**

### **Activities:**

Partners receiving HHS/CDC funding must place a clear emphasis on developing local indigenous capacity to deliver HIV/AIDS related services to the Tanzanian population and must also coordinate with activities supported by Tanzanian, 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.

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

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

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

Grantee activities for this program are as follows:

1. Develop tools and protocols for assessing the organizational infrastructure, internal controls and program sustainability needs; resources, readiness, and gaps of assigned partners;
2. Collaborate with United Republic of Tanzania (URT), USG and HHS/CDC-partners to plan and deliver ICB services that:
  - a. Are consistent with recognized URT and USG standards for business planning, financial, grants asset and organizational management, procurement and business operations;
  - b. Avoid inefficiencies or duplication of systems;
  - c. Build capacity for HHS-funded local partners to attract and manage programs that address the nation's response HIV/AIDS; and
  - d. Provide a written plan should be provided to HHS/CDC and the HHS/CDC-partner within six months of the initial assignment to work with the partner;

3. Work with the Ministry of Health and Social Welfare (MOHSW) to harmonize all ICB activity supported under this agreement with other donor efforts;
4. Strengthen URT policies and procedures, where necessary, to streamline processes and reduce potential burdens created by multiple funding sources;
5. Work with HHS-funded local partners, in collaboration with the USG and MOHSW, to develop policies and standard operating procedures for effective management and internal controls;
6. Provide ICB services including training and technical assistance for HHS-funded local partners on topics related to organizational infrastructure and program sustainability. Examples include, but are not limited to:
  - a. Leadership development (executive coaching and team building), organizational infrastructure (financial, assets and information management);
  - b. Planning (strategic planning, policy development, and budgeting), workforce recruitment and retention strategies, quality assurance (monitoring and evaluation, internal controls, audits); and
  - c. Adoption of information technology (procurement of systems, system integration, local administration of networks, staff training).
7. Establish a program within MOHSW to develop analytical and critical leadership skills for up and coming leaders within the URT. Program elements may include a structured orientation to HIV and other health programming within URT including MOHSW, USG, and other donor communities. The program should provide a blended learning environment that incorporates classroom training, web-based training, on-the-job learning activities and an introduction to corporate

level competencies, and diverse developmental assignments. The program will be focused on the following career tracks:

- a. Health/Public Administration;
  - b. Public Health;
  - c. Human Resources; and
  - d. Information Technology.
8. Create, coordinate, and utilize a staffing strategy for ICB service delivery that ensures coverage of proposed service area(s) that is cost-effective and uses best program practices. This can be accomplished through "in-house" staffing, the use of consultants, and/or other innovative staffing patterns as long as the long-term strategy is sustainable.
  9. Identify the professional development needs of the HHS- funded local partners, and develop and implement a plan to address those needs;
  10. Conduct a coordinated systems approach in the delivery of ICB services that includes:
    - a. Collaborating with other sources of capacity building services to plan and implement comprehensive capacity building services;
    - b. Participating in coordinated assessments of needs;
    - c. Identifying and addressing gaps in capacity building services; and
    - d. Leveraging all funding opportunities available to the partner.
  11. Work with assigned partners to strengthen work plans to successfully spend funds in the year they were obligated;
  12. Incorporate cultural competency and linguistic and educational appropriateness in all ICB services;

13. Submit quarterly progress reports for each assigned partner, including budget and expenditure updates; and
14. Facilitate the dissemination of information about successful ICB strategies and "lessons learned" through replication packages, meetings, workshops, conferences, case studies, and communications with HHS/CDC Tanzania and headquarter teams.

**CDC Activities:**

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

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

1. Organize an orientation meeting with each grantee to brief them 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 (OGAC).
2. Review and make recommendations to the process used by each grantee to select key personnel and/or post-award subcontractors and/or subgrantees to be involved in the activities performed under this agreement, as part of the Emergency Plan for

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

3. Review and make recommendations to each grantee's annual work plan and detailed budget, as part of the Emergency Plan for AIDS Relief (PEPFAR) Country Operational Plan (COP) review-and-approval process, managed by the Office of the U.S. Global AIDS Coordinator.
4. Review and make recommendations to each grantee's monitoring and evaluation plan for compliance with the strategic information guidance established by the Office of the U.S. Global AIDS Coordinator.
5. Meet on a monthly basis with each grantee to assess monthly expenditures in relation to approved work plan and modify plans, as necessary.
6. Meet on a quarterly basis with each grantee to assess quarterly technical and financial progress reports and modify plans as necessary.
7. Meet on an annual basis with each grantee to review annual progress report for each U.S. Government Fiscal Year, and to review annual work plans and budgets for subsequent year, as part of the Emergency Plan for AIDS Relief review and approval process for Country Operational Plans, managed by the Office of the U.S. Global AIDS Coordinator.
8. Provide technical assistance, as mutually agreed upon, and revise annually during validation of the first and subsequent annual work plans. This could include expert technical assistance and targeted training activities in specialized areas, such as strategic information, project management, confidential counseling and testing, palliative care, treatment literacy, and adult-learning techniques.

9. Provide in-country administrative support to help grantee meet U.S. Government financial and reporting requirements approved by the Office of Management and Budget (OMB) under 0920-0428 (Public Health Service Form 5161).
10. Collaborate with each grantee on designing and implementing the activities listed above, including, but not limited to the provision of technical assistance to develop program activities, data management and analysis, quality assurance, the presentation and possibly publication of program results and findings, and the management and tracking of finances.
11. Provide consultation and scientific and technical assistance based on appropriate, HHS/CDC and Office of the U.S. Global AIDS Coordinator documents to promote the use of best practices known at the time.
12. Assist each grantee in developing and implementing quality-assurance criteria and procedures.
13. Facilitate in-country planning and review meetings for technical assistance activities.
14. Provide technical oversight for all activities under this award.
15. Provide ethical reviews, as necessary, for evaluation activities, including from HHS/CDC headquarters.
16. Supply each grantee with protocols for related evaluations.
17. Provide grants or loans of equipment and materials, for use by public or nonprofit institutions or agencies, or by individuals.

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:** \$2,000,000.00

**Approximate Total Project Period Funding:** \$12,000,000.00 (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:** Two

**Approximate Average Award:** \$1,500,000.00 (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:** \$500,000.00

**Ceiling of Individual Award Range:** \$2,000,000.00 (This ceiling is for the first 12 month budget period and includes direct costs and indirect costs in the case of domestic grantees.)

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

**Budget Period Length:** 12 Months

**Project Period Length:** Five Years

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

#### **IV. Eligibility**

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

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

- Public nonprofit organizations
- Private nonprofit organizations
- For profit organizations
- Small, minority, women-owned business
- Universities
- Colleges
- Research institutions
- Hospitals
- Community-based organizations
- Faith-based organizations
- Federally recognized Indian tribal organizations
- Alaska Native tribal governments

- Indian tribes
- Tribal Epidemiology centers
- Indian tribal organizations
- State and local governments or their Bona Fide Agents (this includes the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern 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

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 2010-11; 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 2010-11; 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 2010-11; 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 2010-11; 66% for FY 2011-12; and 75% for FY 2013 of the funding under the PEPFAR award is or will be provided to members who are local partners under the criteria in paragraphs (1) or (2) above, and a local partner is designated as the managing member of the organization.

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

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

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

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

### **Special Requirements:**

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

- Late submissions will be considered non-responsive. See section “V.3. Submission Dates and Times” for more information on deadlines.
- Note: Title 2 of the United States Code Section 1611 states that an organization described in Section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive U.S. Government funds constituting a grant, loan, or an award.

## **V. Application Content**

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

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

### **Electronic Submission:**

HHS/CDC requires applicants to submit applications electronically by utilizing the forms and instructions posted for this announcement on [www.Grants.gov](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. **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 activities.
  - Identify personnel and examples in each of the following areas: organizational development, financial management, leadership and strategic planning, and grants management. Provide a CV for the principal investigator, financial and business manager, and anyone who will spend more than 50% of their time on this cooperative agreement.;
- ***Job descriptions*** of proposed key positions to be created for the activities
  - Provide a job description for key staff, including the principal investigator, financial and business manager, and anyone who will spend more than 50% of their time on this cooperative agreement;
- ***Applicant's Corporate Capability Statement***;
- ***Letters of Support*** (5 letters maximum); and
  - Letters of support from the MOH and other local entities will be given greater consideration;
- ***Evidence of Legal Organizational Structure***
  - Tax exempt status and registration in Tanzania; licensure authority.

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

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

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

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

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*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 19, 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:

- Grantees may not use funds for research.

- Grantees may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- The direct and primary grantee in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.
- The costs that are generally allowable in grants to domestic organizations are allowable to foreign institutions and international organizations, with the following exception: With the exception of the American University, Beirut and the World Health Organization, Indirect Costs will not be paid (either directly or through sub-award) to organizations located outside the territorial limits of the United States or to international organizations regardless of their location.
- The applicant may contract with other organizations under this program; however the applicant must perform a substantial portion of the activities (including program management and operations, and delivery of prevention services for which funds are required.)
- All requests for funds contained in the budget, shall be stated in U.S. dollars. Once an award is made, CDC will not compensate foreign grantees for currency exchange fluctuations through the issuance of supplemental awards.
- Foreign grantees are subject to audit requirements specified in 45 CFR 74.26(d). A non-Federal audit is required, if during each grantees fiscal year, each grantee expended a total of \$500,000.00 or more under one or more HHS awards (as a direct grantee and/or as a sub-grantee). Each grantee either may have (1) A financial related audit (as defined in the Government Auditing Standards, GPO

stock #020-000-00-265-4) of a particular award in accordance with Government Auditing Standards, in those case where each grantee receives awards under only one HHS program; or, if awards are received under multiple HHS programs, a financial related audit of all HHS awards in accordance with Government Auditing Standards; or (2) An audit that meets the requirements contained in OMB Circular A-133.

- A fiscal Grantee 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 \$22,980,061.00 (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 example, the proposal should state that the applicant has \$\_\_\_\_\_ in FY 2010 grants and cooperative agreements (for as many fiscal years as applicable) in Tanzania.

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 “grantee” cannot use such U.S. Government funds to promote or advocate the legalization or practice of prostitution or sex trafficking. Nothing in the preceding sentence shall be construed to preclude the provision to individuals of palliative care, treatment, or post-exposure pharmaceutical prophylaxis, and necessary pharmaceuticals and commodities, including test kits, condoms, and, when proven effective, microbicides.

A grantee that is otherwise eligible to receive funds in connection with this document to prevent, treat, or monitor HIV/AIDS shall not be required to endorse or utilize a multisectoral approach to combating HIV/AIDS, or to endorse, utilize, or participate in a prevention method or treatment program to which each grantee has a religious or moral objection. Any information provided by grantees about the use of condoms as part of

projects or activities that are funded in connection with this document shall be medically accurate and shall include the public health benefits and failure rates of such use.

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

The following definition applies for purposes of this clause:

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

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

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

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

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

## **V.6. Other Submission Requirements**

### **Electronic Submission:**

HHS/CDC requires applicants to submit applications electronically at [www.Grants.gov](http://www.Grants.gov). The application package can be downloaded from [www.Grants.gov](http://www.Grants.gov). Applicants are able to complete it offline, and then upload and submit the application via the Grants.gov Web site. Email submissions will not be accepted. If an applicant has technical difficulties in Grants.gov, customer service can be reached by email at [support@grants.gov](mailto:support@grants.gov), or by

phone at 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.

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

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

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

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

received by the deadline, the electronic version will be considered as the official submission.

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

## **VI. Application Review Information**

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

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

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

The application will be evaluated against the following criteria:

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

Does the applicant demonstrate the institutional capacity (both management and technical) to achieve the goals of the project with documented good governance practices? Does the applicant demonstrate experience in institutional capacity building in a large institutional setting and/or knowledge of local business culture and norms? Does the applicant have experience in providing capacity building assistance in financial and organizational management and leadership development that involve the Ministry of Health, districts, or local HIV/AIDS organizations? Does the applicant have current licensure authority in Tanzania to provide technical assistance in accordance with International Accounting Standards and Standards for Accounting and Review Services? Does the applicant have substantial knowledge of U.S. government requirements for grants and cooperative agreements and equivalent standards from other funding sources? Does the applicant have a demonstrated ability to work with indigenous organizations involving collaborative efforts drawing upon the full range of available skills and experience? 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? Does the proposed plan draw from lessons learned elsewhere, especially in

the Eastern African Region? To what extent does the applicant propose to work with other organizations? The reviewers will assess the feasibility and sustainability 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 (20 points):**

Does the applicant demonstrate the ability to build the capacity of indigenous organizations? 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? Include a description of programs that key staff have helped build and models used to enhance capacity and sustainability. List separately all federally and non-federally-funded contracts, grants or cooperative agreements involving similar or related programs in Tanzania. Include:

1. The name of the organization or agency funding the program;
2. The contact person at the organization;
3. The total program budget, and areas where activities were or are being implemented;
4. The start and end dates; and
5. Main program activities.

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

Does the applicant demonstrate the 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? Applicants must define specific outputs and have realistic targets in line with 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 local capacity building? Does the applicant display an understanding of the Five-Year Strategy and goals of the President's Emergency Plan, including the Partnership Framework? To what extent does the applicant justify the need for this program?

**Personnel (10 points):**

Does the organization employ staff familiar with local business culture and fluent in both English and Kiswahili 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? Are staff involved in this project qualified to perform the tasks described? Curricula vitae outlining staff experience in institutional capacity building, including organizational management, leadership development, financial management, and other internal controls,

should be included. Applicants should also provide summary job descriptions and qualifications for all key professional staff to be funded under this announcement

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

Applicant must provide a clear plan for the administration and management of the proposed activities, including its plan for prioritizing the needs of assigned partners and using economy of scale to facilitate maximum growth across partners.

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? Does the applicant describe how resources developed to assist one partner may be used to assist other partners?

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

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

**VI.2. Application Review Process**

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

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

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

### **VI.3. Applications Selection Process**

Applications will 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:

1. Preference will be given to applicants that demonstrate having access to direct hires or consultants with expertise in institutional capacity building and program sustainability.
2. Applicants showing strong evidence of successful institutional capacity building experience in a large institutional setting, particularly in a resource poor settings. Because of the broad range of expertise needed to provide overall capacity building, a preference will be made for entities with demonstrated experience managing subcontractors when outside expertise is necessary.

3. Applicants with demonstrated familiarity with local business culture and experience delivering culturally and linguistically appropriate services.

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

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

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

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

- AR-4            HIV/AIDS Confidentiality Provisions
- AR-5            HIV Program Review Panel Requirements

- AR-6 Patient Care
- AR-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
- AR-27 Conference Disclaimer and Use of Logos

Additional information on the requirements can be found on the CDC Web site at the following Internet address: [http://www.cdc.gov/od/pgo/funding/Addtl\\_Reqmnts.htm](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 Tanzania; 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 Tanzania;

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:

John Grove

P.O. Box 9123, Dar es Salaam, Tanzania

Telephone: +255222198400

Email: [Grovej@tz.cdc.gov](mailto:Grovej@tz.cdc.gov)

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

Percy Jernigan, 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: 770-488-2811

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