

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)  
Centers for Disease Control and Prevention (CDC)

**Strengthening HIV Strategic Health Management Information System (HMIS)  
Activities in the United Republic of Tanzania to Improve Informatics and Data Use  
within the Health Sector under the President’s Emergency Plan for AIDS Relief  
(PEPFAR)**

**I. Authorization of Intent**

**Announcement Type:** New

**Funding Opportunity Number:** CDC-RFA-PS10-1066

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

**Application Deadline:** April 12, 2010

**Key Dates:**

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

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

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

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

**Authority:**

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

**Background:**

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

**Purpose:**

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

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

- Achieving primary prevention of HIV infection through activities such as expanding confidential counseling and testing programs linked with evidence based behavioral change and building programs to reduce mother-to-child transmission;
- Improving the care and treatment of HIV/AIDS, sexually transmitted infections (STIs) and related opportunistic infections by improving STI management; enhancing laboratory diagnostic capacity and the care and treatment of opportunistic infections; interventions for intercurrent diseases impacting HIV infected patients including tuberculosis (TB); and initiating programs to provide anti-retroviral therapy (ART);
- 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 provide technical assistance to strengthen Health Management Information System (HMIS) capacity within all levels and units of the Government of the Republic of Tanzania's (GoT) Ministry of Social Health and Welfare (MOHSW) in order to:

- Build on lessons learned and investments in the HIV/AIDS sub-sector to support national planning and harmonization of health sector information systems to achieve the goal of one data collection and dissemination system that meets the needs of all government, cooperating partner, non-governmental, and civil society institutions operating in the Tanzanian health sector.

- Improve the capacity of the MOHSW to collect, manage, and analyze aggregate program monitoring and evaluation data to meet GoT, international, and cooperating partner reporting requirements.
- Support the MOHSW in systems analysis, process design, vendor selection, and deployment of operational or transaction processing management systems supportive of standard operating procedures (SOPs) across the MOHSW.
- Support the creation of a data warehouse, or analytical processing system, which brings together information from aggregate data collection systems, surveillance and evaluation studies, transactional systems and National Bureau of Statistics (NBS) data. This collection of data must be promoted/ designed to enable data mining and detailed longitudinal and population-based analysis of multiple concurrent data sets to inform policy formulation, resource allocation, and decision making processes.
- Support application of data analysis in dissemination papers, abstracts, and report cards. MOHSW dissemination of data should support status updates, stakeholder dialogue, and health services planning with all stakeholders at local, district, regional and national levels.
- Support the use of policy analysis, projections, and modeling techniques to build evidence-based policy formulation, programmatic resource allocation, and decision making across the health sector and at all levels.

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

1. Approval of a national health informatics strategic plan by the MOHSW and NBS.
2. Policy guidance for confidentiality, security, ownership, sharing, retention and destruction of data by the MOHSW.
3. Interoperability of selected sub-systems demonstrated in MOHSW selected pilot regions.
4. Adoption of a mechanism to annually assess data quality (timeliness, accuracy and completeness) and data used by the MOHSW. Assessment may be annual or built into regional data collection systems for long term compliance and progress monitoring. Annual targets for rate of improvement set during annual work plan process.
5. Approval by the MOHSW senior management of national data dissemination strategy addressing data ownership, use, and review.
6. Measured increase in capacity to analyze, present, use, and disseminate data for policy and program decision-making evidenced by presentations and papers produced by the MOHSW during policy dialog.
7. Advancement of MOHSW priority policy initiatives or recommendations referencing empirical evidence and proposed by national, regional or district executive, legislative or bureaucratic offices.
8. MOHSW information systems progress through a development cycle stage after receiving technical support.
9. Completion and approval by MOHSW of a data warehouse functional requirement specification.

10. Data access and sharing mechanisms established between MOHSW and National Bureau of Statistics (NBS).
11. Functional web based data warehouse interface providing external stakeholder access to publicly available data sets.
12. Data warehouse operational, providing longitudinal, population based views of health information, and meeting data requirements of the data dissemination strategy. Data dissemination plan approved for implementation by the MOHSW.
13. Implementation of data dissemination plan according to milestones and measureable outcomes identified within the plan.
14. Measured increase in application of data by all health sector stakeholders.
15. Number of detailed policy analysis or data mining reports prepared for health sector decision makers.

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 the United Republic of Tanzania, 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 the United Republic of Tanzania. Each grantee will produce an annual operational plan, which the U.S. Government Emergency Plan team on the ground in 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. Work with MOHSW to produce an annual work plan which confirms MOHSW health information system priorities and liaise with CDC and MOHSW to review all available funding and confirm activities, and expected outcomes;
2. Provide short and long term technical assistance to support the MOHSW to implement a strategic health management information system (HMIS) to improve informatics and data use within the health sector;
3. Conduct an ‘institutional analysis to identify constraints that can undermine policy or hamper the implementation of key strategies for developing new health information systems.’ (HMN Framework, 2008);
4. Work with MOHSW to establish a long term national information systems vision or strategic plan for the health sector that serves as a road map to guide investment decisions throughout the sector and provides a framework for the integration and harmonization of key national electronic sub-systems;

5. Provide guidance to all health implementing partners including international and national non-government organizations (NGOs), civil society organizations and cooperating partners on how programs can support government efforts to improve data quality and data use. It will be critical to ensure the assistance incorporates the needs of sector-based donor support mechanisms and reporting;
6. Leverage the human resources and organizational structures of PEPFAR funded Implementing Partners (IPs) to pursue national data collection, dissemination and use objectives and eliminate parallel reporting structures over the long term;
7. Coordinate the development of ‘various policy, administrative, organizational and financial prerequisites which are required for a health information system to function. This includes supportive legislative and regulatory environments to enable confidentiality, security, ownership, sharing, retention and destruction of data.’ (HMN Framework, 2008);
8. Work with MOHSW to implement a national health informatics standards initiative, with unique identifiers for persons, facilities, and health care providers and professionals and define common vocabularies, essential datasets and security and confidentiality;
9. Design a national technological infrastructure to connect Tanzanian healthcare providers with broadband Internet services; create the backend of servers; and support web-services, application servers, database and data mining methods needs;

10. Establish an annual assessment and monitoring mechanism for data quality and use of aggregated data across the health sector as well as set annual improvement targets;
11. Review health sector and programmatic indicator sets based on international, national, and programme requirements;
12. Review and define required data elements and data collection tools to ensure that collected aggregated data will support current and projected health sector reporting requirements and support indicator analysis;
13. Design and coordinate capacity building programs for facility, district, and regional managers to strengthen their data collection, dissemination, supportive supervision, and analysis of data capacities for planning, program improvement, and resource allocation;
14. Coordinate all MOHSW information system activities with the Monitoring and Evaluation roll out of the open source District Health Information Software (DHIS) which has been selected by the MOHSW;
15. Establish MOHSW practices and review processes for all health sector transaction processing or operational information system activities that improve harmonization across programmes; Ensure that systems are user-friendly, supportive of the national vision, and situated within the broad framework of systems integration and interoperability;
16. Support pilot regions such that they demonstrate interoperability of multiple programmatic transaction processing systems based on sound messaging

standards and data dictionaries able to allow exchange of information between future Electronic Medical Record (EMRs);

17. Provide systems analysis and information system deployment services to all of the MOHSW programmatic areas and departments;
18. Establish a central data repository of information, defined as a data warehouse, which joins information from monitoring and evaluation aggregate data collection systems, surveillance and evaluation studies and transactional data from systems that support standard operating procedures (SOPs) such as Lab Information Management System (LIS), Human Resource Management System (HRMS), Blood Donation Tracking System, Disease Surveillance System, Financial Management Information Systems etc;
19. Design the data warehouse structure, including: the creation of the Data Warehouse's Functional Requirement Specification (FRS); the identification of data elements, and the adoption or development of logical and physical data model;
20. Design data acquisition and processing tasks to collect and prepare data in data warehouse for mining. These activities include data extraction, filtering, transformation, classification, and aggregation;
21. Provide longitudinal, population based views of health information within data warehouse to support analytic processing and strategic decision making;
22. Optimize the data warehouse's underlying data model to maximize the performance of complex queries;

23. Design data warehouse to enable disease-disease, disease-resource allocation, and outcome-intervention associations;
24. Plan and coordinate data mining and data analysis services and capacity building for internal and external health sector stakeholders to promote use of data warehouse resources;
25. Build national technological infrastructure to: connect healthcare providers across the country with broadband Internet services; create the backend of servers; and support the needs of web-services, application servers, database, and data mining methods;
26. Design and coordinate capacity building program and follow up activities for facility, district, and regional managers to strengthen their data collection, dissemination and analysis capacities for planning, program improvement, and resource allocation;
27. Work with existing programs or other local organizations to integrate MOHSW data collection, analysis, dissemination, and use into existing or planned in-service and pre-service training to enhance long term sustainability and availability of skills;
28. Develop a data dissemination plan that includes a combination of monthly, quarterly and annual papers, issue briefs, profiles, report cards and/or electronically available resources to ensure that each set of stakeholders has access to the information they require in a format that they can understand;
29. Implement the data dissemination plan and annually review its effectiveness and adjust as necessary;

30. Develop strategies for the use of data at the facility, program and national levels for program/service improvement, and to guide national policy formation, including the use of data for linkages between programs;
31. Perform detailed data analysis and data mining of health information systems and support cost benefit analysis to enhance policy development and administrative decision making.

**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 it on applicable U.S. Government, HHS, and Emergency Plan expectations, regulations and key management requirements, as well as report formats and contents. The orientation could include meetings with staff from HHS agencies and the Office of the U.S. Global AIDS Coordinator.
2. Review and make recommendations to the process used by 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 Country Operational Plan 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, including for compliance with the strategic-information guidance established by the Office of the U.S. Global AIDS Coordinator.
5. Meet on a monthly basis with 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. Meet with Award Steering Committee which includes CDC representative and MOHSW representative.
18. 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:** \$1,000,000.00

**Approximate Total Project Period Funding:** \$8,000,000.00 (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:** \$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:** \$250,000.00

**Ceiling of Individual Award Range:** \$1,000,000.00 (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](http://grants.gov) can submit the application. This is important to remember if the person who originally registered an organization on [grants.gov](http://grants.gov) is no longer working for that particular organization. HHS/CDC suggests submitting electronic applications prior to the closing date so if difficulties are encountered in [Grants.gov](http://Grants.gov), a hardcopy of the application can be submitted prior to the deadline.

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

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

If technical difficulties are encountered in Grants.gov, customer service may be reached by email at 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 activity;
- *Job descriptions* of proposed key positions to be created for the activity:
  - Application proposals should include a staffing plan that will ensure that MOHSW has access to technical advisors with the experience and expertise to achieve the purpose, outcomes and activities described.
  - The staffing plan can include a combination of short and long term, international and national technical assistance but the majority of the competencies required to meet the transaction processing management system, data warehouse system and application of data components should be covered by the full time staff based in Dar Es Salaam, Tanzania. Full time staff based in Dar es Salaam should include a Senior Health Informatics Specialist with the following qualifications.
  - Experience working on a large scale deployment of an information system within a government setting in a developing country.
  - Experience working within a ministry or government department in a developing country on a long term assignment and demonstrated

understanding of operating principals required to achieve success in that environment.

- Minimum 5 years of Business Analysis experience (required)
  - Minimum 3 years of Data Warehouse experience (required)
  - Experience with ETL applications
  - Hands on experience with modeling tools and Metadata platforms
  - Database systems expertise in Oracle, Sybase, DB2, or other relevant distributed platforms.
  - Project team experience following a well defined SDLC in a lead role. Global project experience a plus; and
  - Strong written and verbal communication skills at both the business and technical level.
- *Applicant's Corporate Capability Statement;*
  - *Letters of Support* (5 letters maximum); and
  - *Evidence of Legal Organizational Structure.*

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

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

charge. To obtain a DUNS number, access the Dun and Bradstreet website or call 1-866-705-5711.

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

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

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

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

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

**Application Deadline Date:** April 12, 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."

## **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 (25 points):**

Does the applicant demonstrate the institutional capacity (both management and technical) to achieve the goals of the project with documented good governance practices? Is there evidence of leadership support and evidence of current or past efforts to enhance Health Information systems in a context similar to that of the health sector in Tanzania? Has the organization demonstrated that understands the operating principals of respecting the decision making authority of the MOHSW, subjecting all inputs and authority of project activities and priorities to the MOHSW approval required to build trust and earn the respect of the MOHSW?

**Technical and Programmatic Approach (25 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 2, and are the proposed activities consistent with and pertinent to that strategy and those principles and goals? Does the applicant describe

activities that are evidence based, realistic, achievable, measurable and culturally appropriate to achieve the goals of the President's Emergency Plan? Does the application include reasonable estimates of outcome targets? To what extent does the applicant propose to work with other organizations?

The reviewers will assess the feasibility of the applicant's plan to meet the target goals, whether the proposed use of funds is efficient according to the following allocation of priorities.

- Planning and harmonization of health sector information systems (15%)
- Collect, manage and analyze aggregate program monitoring and evaluation data (10%)
- Operational or transaction processing management systems (20%)
- Data warehouse or analytical processing system (40%)
- Application of data and policy analysis (15%) (20 points)

**Capacity Building (15 points):**

Does the applicant demonstrate the ability to build the capacity throughout an organization like the Ministry of Health and Social Welfare including all of its level, departments and agencies? Does the applicant have relevant experience in using participatory methods, and approaches, in project planning and implementation? Does the applicant describe an adequate and measurable plan to progressively build the capacity of local organizations and of target beneficiaries to respond to the epidemic?

If not a local indigenous organization, does the applicant articulate a clear exit strategy which will maximize the legacy of this project in the intervention communities? Does the capacity building plan clearly describe how it will contribute to a) improved quality and geographic coverage of technical capacity without depending on a cascade approach to capacity building?

#### Monitoring and Evaluation (5 points)

Does the applicant describe a system for monitoring organizational change and for reviewing and adjusting program activities based on monitoring information obtained by using innovative, participatory methods and standard approaches? Does the plan include indicators developed for each program milestone, and incorporated into the financial and programmatic reports? Is the system able to generate financial and program reports to show disbursement of funds, and progress towards achieving the numerical objectives of the President's Emergency Plan? Is the plan to measure outcomes of the intervention, and the manner in which they will be provided, adequate? Applicants must define specific output and outcome indicators must be defined in the proposal, and must have realistic targets in line with the targets addressed in the Activities section of this announcement.

#### Understanding of the Problem (10 points)

Does the applicant demonstrate a clear and concise understanding of the issues, challenges and strategies for Health Information Systems and data use in Tanzania? To

what extent does the applicant justify the need for this program within the target community?

#### Personnel (15 points)

Do the personnel proposed for the project have the technical competencies, experience, and expertise to implement the activities described within this FOA? Will the full time staff in Dar es Salaam have the necessary technical skills? Does the proposal include technical staff or partners that are fluent in local languages? Are the staff roles clearly defined? As described, will the staff be sufficient to meet the goals of the proposed project?

Curricula vitae provided should include information that they are qualified in the following:

- Planning and harmonization of health sector information systems (15%)
- Collect, manage and analyze aggregate program monitoring and evaluation data (10%)
- Operational or transaction processing management systems (20%)
- Data warehouse or analytical processing system (40%)
- Application of data and policy analysis (15%)

Points for the personnel section will be awarded based on the presence of competencies to implement the activity areas described according to the weightings described above.

#### Administration and Management (5 points)

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

#### Budget (Reviewed, but not scored)

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

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

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

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

An objective review panel will evaluate complete and responsive applications according to the criteria listed in the “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. Applicant Organization has demonstrated evidence of successful efforts to enhance Health Information systems in a context similar to that of the health sector in Tanzania.
2. Applicant has demonstrated they have previously worked within and been managed by a large ministry and have demonstrated an understanding of operating principals of that respect the decision making authority of the host country government.

3. The staffing plan includes a Senior Health Informatics Specialist that will be resident in Dar Es Salaam, based within the MOHSW on a full time bases and meets the qualifications requested within the competencies section.
4. The applicant organization has demonstrated that in addition to a track record of implementing successful information system and data warehouse projects they have access to a large pool of technical staff that can contribute to and support the project requirements.

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

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).