

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**Technical Assistance to the National Blood Service, Ministry of Health (MOH), in the  
Republic of Mozambique on Blood Safety under the President's Emergency Plan for AIDS  
Relief (PEPFAR)**

**I. Authorization of Intent**

**Announcement Type:** New

**Funding Opportunity Number:** CDC-RFA-PS10-1080

**Health Impact Number:** 3017

**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). The Emergency Plan *Five-Year Strategy* for the initial five year period, 2003 - 2008 is available at the following Internet address: <http://www.state.gov/s/gac/plan/c11652.htm>.

**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.

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 World Health Organization estimates that five to ten percent of all HIV transmissions are attributable to unsafe blood transfusions. Transmission of HIV and other blood-borne pathogens via blood transfusion is preventable by establishing an adequate supply of safe blood through a systematized Blood Service and minimizing unnecessary transfusions. The rapid implementation of safe blood programs and precautions against medical transmission of HIV is a priority area for PEPFAR.

The purpose of this announcement is to provide assistance to the Republic of Mozambique to ensure a safe and adequate blood supply as well as to develop and implement a national safe blood system with demonstrable results within the first year of the Emergency Plan. Funding through this announcement will provide support to organizations with the capacity to provide expert guidance and technical assistance to the Ministry of Health (MOH) and National Blood Service (Servico Nacional de Sangue or SeNaS) in the Republic of Mozambique. The SeNaS is currently under-staffed to carry out overall blood safety implementation in the country. This

proposal seeks a technical assistance provider who can be housed with the SeNaS to carry out proper technical assistance in blood safety policy development and implementation, as well as the implementation of best practices in blood safety by the participating transfusion facilities.

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

The overall outcome is to increase the supply of safe blood for transfusions to sufficient levels in the next five years thus prevent biomedical transmission of HIV (and other transfusion transmittable infections) while having a stronger National Blood Service.

The specific measureable outcomes of this program are:

1. Infrastructure:

- One national reference center, nine provincial centers, and 17 integrated but isolated sites offering quality blood collection and appropriate processing;
- One national reference center, nine provincial centers and 17 integrated but isolated sites with functioning modern testing and appropriate processing equipment;
- One national reference center and nine provincial centers preparing blood components;
- One national reference center, nine provincial centers and 17 integrated but isolated sites with dedicated blood information systems and functional donor database; and
- Satellite facilities that only transfuse blood (109 at the time of the announcement) with access to blood that has been tested at the national reference center or a

provincial center and capable of storing blood and performing modern compatibility testing.

2. Blood collection:

- Increased donations to 10 per 1000 population;
- Increased blood supply to national needs (~200,000 units per year at current estimates);
- Increased number of regular voluntary non-remunerated donors by 10% of the donor base per year; and
- Establishment of blood donor clubs in each province.

3. Testing:

- 100% of testing facilities performing HIV, HBV, HCV and syphilis testing;
- WHO accreditation for National Reference Center laboratory;
- 100% of centers participating in national QA/QC system conducted by the National Reference Center;
- Participation in External Quality Assurance system for HIV, HBV and HCV by the National Reference Center; and
- 100% of the centers with good record keeping and quality assurance procedures for tests and equipment maintenance.

4. Utilization:

- 80% of health workers involved in transfusion be trained in appropriate use of component apart from whole blood over the five year period;
- 80% of health facilities to appropriately use blood substitutes such as intravenous replacement fluids (crystalloids and colloids) for the correction of hypovolemia;
- 80% of health facilities that have access to components appropriately using specific blood components apart from whole blood;
- Transfusion Committees by end of year 5 at all hospitals that transfuse blood with priority given in year one to development of a model program at Maputo Central Hospital.

#### 5. Training and Capacity Building:

- 100% of health care professionals involved in blood transfusion services to be trained in various specialized areas including blood banking and transfusion medicine, social marketing, donor motivation and care, and laboratory management;
- 90% of required educational materials reviewed or developed; and
- Pre-service curricula related to blood collection, processing and transfusion for medical and laboratory training reviewed for consistency with national policy and SeNaS guidelines.

#### 6. Monitoring and Evaluation:

- 100% of the centers to generate useful data for analysis and feedback given to improve the program.

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

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

## **II. Program Implementation**

### **Activities:**

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

Applicants should describe activities in detail that reflect the policies and goals outlined in the *Five-Year Strategy* for the President’s Emergency Plan.

The grantee will implement activities both directly and, where applicable, through sub-grantees; the grantee will, however, retain overall financial and programmatic management under the oversight of HHS/CDC and the strategic direction of the Office of the U.S. Global AIDS Coordinator. The grantee must show measurable progressive reinforcement of the capacity of

health facilities to respond to the national HIV epidemic as well as progress towards the sustainability of activities.

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

The grantee of these funds is responsible for activities in multiple program areas designed to target underserved populations in the Republic of Mozambique. Either the grantee will implement activities directly or will implement them through its subgrantees and/or subcontractors; the grantee will retain overall financial and programmatic management under the oversight of HHS/CDC and the strategic direction of the Office of the U.S. Global AIDS Coordinator. The grantee must show a measurable progressive reinforcement of the capacity of indigenous organizations and local communities to respond to the national HIV epidemic, as well as progress towards the sustainability of activities.

The grantee will produce an annual operational plan aligned with the MOH/SeNaS priorities, which the U.S. Government Emergency Plan team on the ground in the Republic of Mozambique will review as part of the annual Emergency Plan for Country Operational Plan review and approval process, managed by the Office of the U.S. Global AIDS Coordinator.

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

The initiative will involve large-scale prevention efforts, including the rapid establishment and strengthening of safe blood services. Prevention of medical transmission of HIV by blood involves rational transfusion of blood that has been collected from regular, non-remunerated volunteers and appropriately tested based on a quality systems approach for the entire process. HIV prevention and healthy life style messages plus individual donor screening and confidential counseling to create a pool of low-risk donors, particularly youth, also contributes to the national HIV prevention strategy . Availability of a safe and adequate blood supply also contributes to improving the care and treatment of HIV/AIDS patients, particularly among those with anemia associated with anti-retroviral therapy (ART) or malaria (among the pediatric population) or blood loss during pregnancy and childbirth. The grantees will work in collaboration with the HHS/CDC Mozambique office and the MOH, to achieve program outcomes. All activities implemented under this program should follow national policies, guidelines and standard operating procedures (SOP) for the delivery of Blood Safety interventions. The grantees will work in collaboration with the MOH, SeNaS, the U.S. Government in-country Emergency Plan team, and the HHS/CDC Mozambique office to

improve the breadth, scale, and quality of the National Blood Service. This will include mobilization of low-risk, voluntary non-remunerated blood donors; blood collection; maintenance of the cold chain; testing for transfusion transmissible infections (HIV, HBV, HCV, syphilis) at quality assured laboratories; establishment of a national quality system, including guidelines, standard operating procedures, accurate records, monitoring and evaluation; distribution of blood and blood products to the health facilities; coordination and monitoring of the appropriate clinical use of blood and outcomes of transfusion (hemovigilance); and the establishment of a comprehensive quality system covering the entire process, from donor recruitment to hemovigilance.

In addition to program implementation, grantees should develop methods to create and build the capacity of SeNaS, health facilities responsible for blood safety and transfusion services as well as indigenous partner capability to provide technical support to the SeNaS in the field of blood transfusion and management skills in addition to preparation of continuation applications, reports, and budgets associated with this program.

The grantee will seek to establish government commitment, support and recognition for the SeNaS as a separate unit with an adequate budget, necessary legislation/regulation, management team, and the formation of an organization with responsibility and authority for the SeNaS. Additionally, the grantee will foster development and implementation of a budgeting and finance system to ensure a sustainable National Blood Service through annual budget allocation and/or cost recovery.

The grantee of this award must promote sustainability with continued, high-quality interventions through local and indigenous organizations and collaborations with the Mozambique MOH.

The grantee will build the capacity of the SeNaS and other blood safety indigenous organizations to extend implementation efforts, particularly training and supervision, to the district level and in local languages and to diversify their funding base and avoid overdependence on a single donor by successfully applying and managing grants from other development and donor agencies.

The successful grantee will participate in the process to develop the annual Country Operational Plan for Mozambique aligned with the MOH/SeNaS priorities, and work with other Emergency Plan partners to identify the most cost-effective method of providing sub-grantees with adequate management and financial controls and targeted technical assistance.

Grantee activities for this program are as follows:

1. Development of a technical assistance (TA) Plan at the national, provincial, and district levels of government;
2. Type of assistance, based on priority in the TA Plan, for capacity building provided to the Government of Mozambique (GOM):
  - Development and implementation of a national blood policy and strategic plan, tailored to meet the needs of the health program it serves including necessary legislation and regulation for the blood service;
  - Infrastructure development through advising, assisting and strengthening SeNaS in terms of physical facilities, laboratory testing equipment, supplies and reagents to test blood for

transfusion-transmissible infections (TTIs) and to perform blood grouping and cross matching;

- Advising on strategies to support the collection of safe and sufficient blood from regular voluntary non-remunerated donors (VNRD);
- Support for human capacity development within the SeNaS;
- Ensuring safety through quality blood processing and testing in a regionalized system by the SeNaS;
- Promotion of rational and appropriate use of blood, blood components and alternates to blood as per the national guidelines

### 3. Infrastructure:

- Assist in the assessment of current infrastructure needs for a national and regionalized blood system, including regional blood collection and processing facilities with maintenance of the cold chain throughout the process from donor to grantee;
- Give expert guidance in the acquisition of blood testing and processing equipment and ensure the maintenance of such equipment at optimum levels of operation to ensure quality testing to national and international standards;
- Advise on processes to assure timely procurement and delivery of quality laboratory reagents and supplies to support a regionalized testing system;
- Support the implementation and maintenance of an Information Management System that will ensure possible tracking of blood units from source to destination and vice versa thus promoting haemovigilance; enhance communication of results and information between

the blood centers and user hospitals to enable possible recall of a problem blood unit or be able to redistribute blood to areas of need;

- Support establishment and maintenance of a donor database both at the regional and national level thus expediting the process of donor notification and donor recall; and
- Enhance quality control systems within the blood transfusion centers.

#### 4. Blood Collection:

- Develop generic and site specific protocols for obtaining, handling and storing, transporting and distributing blood for use in blood collection facilities while maintaining an adequate cold chain;
- Assist in the development and maintenance of a network of blood donor recruiters and blood donor counselors through on the job training and mentorship. Assist in the development and maintenance of a system to identify a network of low risk, regular volunteer non-remunerated blood donors;
- Provide guidance in the management of blood collection facilities that have the capacity to obtain, handle and store blood safely with good recordkeeping;
- Implement effective quality assurance procedures for collecting, storing and stock management of blood; and
- Support the implementation of a donor mobilization strategy through support for the development of IEC and other education materials related to blood transfusion.

#### 5. Testing:

- Develop and reinforce generic national and site-specific protocols for testing blood for the transfusion transmitted infections (TTIs) HIV, hepatitis B and C and syphilis and for

both SeNaS facilities and transfusing facilities to perform compatibility testing (blood grouping and cross matching);

- Provide technical guidance in the selection and evaluation of appropriate testing assays;
- Provide guidance in the management of facilities that perform TTI or compatibility testing, ensuring good recordkeeping;
- Implement effective quality assurance procedures for TTI and compatibility testing of blood;
- Guide the laboratories to achieve international/WHO accreditation;
- Provide support in procurement, supply, central storage and distribution of reagents and materials to ensure continuity in testing at appropriate sites;
- Support the implementation and maintenance of an effective and comprehensive quality system covering the entire transfusion process, from donor recruitment to the follow-up of grantees of transfusion; and
- Advice for possible donor notification of results and referral for patients found to have reactive results for care and treatment.

6. Transfusion and Blood Utilization:

- Assist with revision and implementation of national guidelines for the appropriate use of blood, blood components, and blood substitutes, such as intravenous replacement fluids (crystalloids and colloids) for the correction of hypovolemia;
- Develop blood utilization review and quality assurance systems for blood usage;
- Develop hemovigilance systems; and

- Advise and assist with implementation of Transfusion Committees (adapted to local structure and staffing level) at all hospitals that transfuse blood with priority given in year one to development of a model program at Maputo Central Hospital.

## 7. Training

### a. Inside Mozambique

- Implement a mentorship program to build capacity and increase quality of blood services targeting National Reference Center and Provincial level facilities;
- Assess adequacy of current training materials, training programs, assessments of competency post training, including training of trainers (ToT) for the following scenarios and modify or develop as needed. Assist MOH/SeNaS with development and implementation of cascaded system to reach targeted personnel nationwide and to maintain and evaluate ToTs;
- Pre- and in- service training and continuing education programs for health care professionals involved with blood services, such as physicians, nurses, physician assistants, community health workers, counselors and laboratory technicians in the fields of blood donor recruitment and blood collection;
- Pre- and in- service training programs and continuing education programs for physicians and laboratory technicians in basic principles and practices of blood banking and transfusion medicine; AND
- Educational programs for health care providers, nurses and the general public on safe transfusion practices, including reducing the demand for unnecessary transfusions and recognizing community norms in practices regarding blood transfusions.

b. Outside Mozambique

- Long Term- in consultation with MOH/SeNaS and CDC MOZ, identify appropriate specialty postgraduate programs in Transfusion Medicine/Blood Bank Management, facilitate scholarship program and monitor student progress.
- Short Term- in consultation with MOH/SeNaS and CDC MOZ, identify structured programs of 3-6 months duration for technical and management training; facilitate participation of appropriate staff and monitor student progress.

8. Monitoring and Evaluation:

- Assist the SeNaS to develop basic program evaluation tools and conduct operational research to improve program effectiveness;
- Assist SeNaS with development, implementation and maintenance of a system for reviewing and adjusting program activities at each level of operation based on monitoring information; and
  - Assist the SeNaS to measure clinical outcomes to assess the impact of the program.

**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, HHS/CDC staff are substantially involved in program activities, above and beyond routine grant monitoring. HHS/CDC Activities for this program are as follows:

1. Organize an orientation meeting with the grantee for a briefing on applicable U.S. Government, HHS/CDC, and Emergency Plan expectations, regulations and key management requirements, as well as report formats and contents. The orientation could include meetings with staff from HHS agencies and the Office of the U.S. Global AIDS Coordinator.
2. Review and make recommendations to the process used by the grantee to select key personnel and/or post-award subcontractors and/or subgrantees to be involved in the activities performed under this agreement, as part of the Emergency Plan for AIDS Relief Country Operational Plan review and approval process, managed by the Office of the U.S. Global AIDS Coordinator.
3. Review and make recommendations to the grantee's annual work plan and detailed budget, as part of the Emergency Plan for Country Operational Plan review and approval process, managed by the Office of the U.S. Global AIDS Coordinator.
4. Review and make recommendations to the grantee's monitoring and evaluation plan, including for compliance with the strategic information guidance established by the Office of the U.S. Global AIDS Coordinator.
5. Meet on a monthly basis with the grantee to assess monthly expenditures in relation to approved work plan and modify plans, as necessary.
6. Meet on a quarterly basis with the grantee to assess quarterly technical and financial progress reports and modify plans as necessary.

7. Meet on an annual basis with the grantee to review annual progress report for each U.S. Government Fiscal Year, and to review annual work plans and budgets for the subsequent year, as part of the Emergency Plan 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, monitoring and evaluation, health care marketing, laboratory testing and adult learning techniques.
9. Provide in-country administrative support to help the grantee meet U.S. Government financial and reporting requirements approved by the Office of Management and Budget (OMB) under 0920-0428 (Public Health Service Form 5161).
10. Collaborate with the grantee on designing and implementing the activities listed above, including, but not limited to: the provision of technical assistance to develop program activities, data management and analysis, quality assurance, the presentation and possibly publication of program results and findings, and the management and tracking of finances.
11. Provide consultation and scientific and technical assistance based on appropriate, HHS/CDC, Office of the U.S. Global AIDS Coordinator and WHO documents to promote the use of best practices known at the time.
12. Assist the grantee in developing and implementing quality assurance criteria and procedures.
13. Facilitate in-country planning and review meetings for technical assistance.
14. Provide technical oversight for all activities under this Cooperative Agreement including evidenced-based methods of blood safety, transfusion medicine, appropriate sharps and waste

management, Post-exposure prophylaxis if needed, and technical assistance in refining the operational plan.

15. Provide scientific and ethical reviews, as necessary, for evaluation activities, including from HHS/DCD headquarters and offer guidance through the process of such evaluation.
16. Provide on-going technical assistance in addressing problems encountered in implementing the program activities.
17. Assist in the assessment of program operations and evaluation of overall effectiveness of the program activities.
18. Staff in both Headquarters (HHS/CDC Atlanta) and in the Republic of Mozambique (HHS/CDC Mozambique) will facilitate coordination with other PEPFAR program activities, such as community based HIV prevention ; testing and counseling for confirmation and care and treatment for utilization of blood, and with other National programs in the Republic of Mozambique.

### **III. Award Information and Requirements**

**Type of Award:** Cooperative Agreement

HHS\CDC involvement in this program appears in the Activities Section above.

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

**Fiscal Year Funds:** 2010

**Approximate Current Fiscal Year Funding:** \$500,000

**Approximate Total Project Period Funding:** \$2,000,000 (This amount is an estimate, and is subject to availability of funds.)

**Approximate Number of Awards:** One

**Approximate Average Award:** \$500,000 (This amount is for the first 12 month budget period, and includes direct costs (and indirect costs in the case of domestic grantees.)

**Floor of Individual Award Range:** \$ 300,000

**Ceiling of Individual Award Range:** None (This ceiling is for the first 12 month budget period.)

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

**Budget Period Length:** 12 Months.

**Project Period Length:** 5 Years.

Throughout the project period, HHS/CDC's commitment to continuation of awards will be conditioned on the availability of funds, evidence of satisfactory progress by the 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 appear 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 or state recognized American governments
- Alaska Native health corporations
- American Indian/Alaska Native tribal organizations
- Urban health organizations
- Tribal epidemiology centers
- Non-domestic (non-U.S.) entity
- 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)

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**

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

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

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

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

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

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

(1) an individual must be a citizen or lawfully admitted permanent resident of and have his/her principal place of business in the country served by the PEPFAR program with which the individual is or may become involved, and a sole proprietorship must be owned by such an individual; or

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

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

Host government ministries (e.g., Ministry of Health), sub-units of government ministries, and parastatal organizations in the country served by the PEPFAR program are considered local partners. \*\* A parastatal organization is defined as a fully or partially government-owned or

government-funded organization. Such enterprises may function through a board of directors, similar to private corporations. However, ultimate control over the board may rest with the government.

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

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

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

### **Special Requirements:**

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

- Late submissions will be considered non-responsive. See section “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 strongly encourages 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 Egrant Web site. 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). While application submission through [www.Grants.gov](http://www.Grants.gov) is optional, applicants are strongly encouraged 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 difficulties are encountered in [Grants.gov](http://Grants.gov), a hard copy 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
- 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.

Applicants must submit a project narrative with the application forms in the following format:

- Maximum number of pages: 25 (If the narrative exceeds the page limit, only the first pages which are within the page limit will be reviewed.);
- Font size: 12-point, unreduced;
- 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;
- Print only on one side of each page; and
- Held together only by rubber bands or metal clips, not bound in any other way.

The narrative should address activities the applicant will conduct 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 an adequate and safe blood supply in ROM. Describe the current infrastructure system; geographical and workforce challenges; and identified barriers, gaps or shortcomings of the current health systems in the Republic of Mozambique;

- **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.;
- **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 count 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 and 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 staff who will work on the activity;
- *Job descriptions of proposed key positions to be created for the activity;*
- *Applicant’s Corporate Capability Statement;*
- *Letters of Support; and*
- *Evidence of Legal Organizational Structure.*

**If the total amount of appendices includes more than 80 pages, the application will not be considered for review.**

The agency or organization is required to have a Dun and Bradstreet Data Universal Numbering System (DUNS) number to apply for a grant or cooperative agreement from the U.S 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.

Additional requirements that may request submission of additional documentation with the application appear in Section “VI.2. Administrative and National Policy Requirements.”

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 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 online 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 email 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 the grantees fiscal year, the 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). The grantee either may have (1) A financial related audit (as defined in the Government Auditing Standards, GPO stock #020-000-00-265-4) of a particular award in accordance with Government Auditing Standards, in those case where the grantee receives awards under only one HHS program; or, if awards are received under multiple HHS programs, a financial related audit of all HHS awards in accordance with Government Auditing Standards; or (2) An audit that meets the requirements contained in OMB Circular A-133.
- A fiscal 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 \$18,110,245 (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 **FY10** grants and cooperative agreements (for as many fiscal years as applicable) in **Mozambique**. 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 the grantee has a religious or moral objection. Any information provided by grantees about the use of condoms as part of projects or activities that are funded in connection with this document shall be medically accurate and shall include the public health benefits and failure rates of such use.

In addition, any 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 any United Nations agency).

The following definition applies for purposes of this clause:

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

All grantees must insert provisions implementing the applicable parts of this section, “Prostitution and Related Activities,” in all subagreements under this award. These provisions must be express terms and conditions of the subagreement, must acknowledge that compliance with this section, “Prostitution and Related Activities,” is a prerequisite to receipt and expenditure of U.S. Government funds in connection with this document, and must acknowledge that any violation of the provisions shall be grounds for unilateral termination of the agreement

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

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

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

## **VI. Application Review Information**

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

Applicants are required to provide specific 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. Applicants must submit the measures of effectiveness with the application, and they 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 experience in programs and training in areas including, but not limited to: blood banking and transfusion medicine, social marketing, donor motivation and care, and program administration and laboratory management?

Does the applicant demonstrate strong evidence of practical experience in an African setting delivering blood safety activities through public healthcare facilities, giving significance to the number of blood transfusion centers and spectrum of laboratory diagnostics employed? Does the applicant demonstrate experience in managing subcontractors for blood transfusion services?

Does the applicant demonstrate the local experience in blood safety in the Republic of Mozambique and institutional capacity (both management and technical) to achieve the goals of the project with documented good governance practices? Does the applicant have the ability to coordinate and collaborate with existing Emergency Plan partners and other donors, including the Global Fund and other U.S. Government Departments and agencies involved in implementing the Emergency Plan? Is there evidence of leadership support and evidence of current or past efforts to enhance HIV prevention through improvements to a safe and adequate blood supply? Does the applicant have the capacity to reach rural and other underserved

populations in the Republic of Mozambique? Does the organization have the ability to target audiences that frequently fall outside the reach of the traditional media, and in Portuguese ? 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 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 both culturally and language appropriate to achieve the goals of the Emergency Plan? Does the application propose to build on and complement the current national response in the Republic of Mozambique with evidence-based strategies designed to reach underserved populations and meet the goals of the Emergency Plan? Does the application include reasonable estimates of outcome targets? (For example, the numbers of units of blood collected, number of health care workers involved in blood services the program will train.) To what extent does the applicant propose to work with other organizations? The reviewers will assess the feasibility of the applicant's plan to meet the target goals, whether the proposed use of funds is efficient, and the extent to which the specific methods described are sensitive to the local culture.

**Capacity Building (15 points):**

Does the applicant demonstrate a proven record of building the capacity of indigenous organizations and individuals? Does the applicant have relevant experience in using participatory methods, and approaches, in project planning and implementation? Does the applicant describe an adequate and measurable plan to progressively build the capacity of local organizations and of target beneficiaries to respond to the epidemic? If not a local indigenous organization, does the applicant articulate a clear exit strategy which will maximize the legacy of this project at the national, provincial and district levels.? Does the capacity building plan clearly describe how it will contribute to a) improved quality and geographic coverage of service delivery to achieve the "3,12,12<sup>1</sup>" targets of the Emergency Plan, and b) (if not a local indigenous organization) an evolving role of the prime beneficiary with transfer of critical technical and management competence to local organizations/sites in support of a regional response?

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

Does the applicant demonstrate the local experience and capability to implement rigorous monitoring and evaluation of the project? Does the applicant describe a system for reviewing and adjusting program activities based on monitoring information obtained by using innovative, participatory methods and standard approaches? Does the plan include indicators developed for each program milestone, and incorporated into the financial and programmatic reports? Are the indicators consistent with the Emergency Plan Indicator Guide? Is the system able to generate financial and program reports to show disbursement of funds, and progress towards achieving the

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<sup>1</sup> The President's Emergency Plan for AIDS Relief (PEPFAR) has called for immediate, comprehensive and evidence based action to turn the tide of global HIV/AIDS. As called for by the PEPFAR Reauthorization Act of 2008, initiative goals over the period of 2009 through 2013 are to treat at least three million HIV infected people with effective combination anti-retroviral therapy (ART); care for twelve million HIV infected and affected persons, including five million orphans and vulnerable children; and prevent twelve million infections worldwide.

numerical objectives of the President's Emergency Plan? Is the plan to measure outcomes of the intervention, and the manner in which they will be provided, adequate? Is the monitoring and evaluation plan consistent with the principles of the "Three Ones<sup>2</sup>?" Applicants must define specific output and outcome indicators must be defined in the proposal, and must have realistic targets in line with the targets addressed in the Activities section of this announcement.

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

Does the applicant demonstrate a clear and concise understanding of the current status of blood and health care service delivery and the cultural and political context relevant to the programmatic areas targeted? Does the applicant display an understanding of the *Five-Year Strategy* and goals of the Emergency Plan? To what extent does the applicant justify the need for this program in Mozambique?

**Personnel (10 points):**

Does the organization employ staff fluent in Portuguese 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

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

proposed project? If not an indigenous organization, does the staff plan adequately involve local individuals and organizations? Are staff involved in this project qualified to perform the tasks described? *Curricula vitae* provided should include information that they are qualified in the following: management of HIV/AIDS prevention activities in the context of blood safety; and the development of capacity building among and collaboration between Governmental and non-governmental partners.

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

Does the applicant provide a clear plan for the administration and management of the proposed activities, and to manage the resources of the program, prepare reports, monitor and evaluate activities, audit expenditures and produce collect and analyze performance data? Is the management structure for the project sufficient to ensure speedy implementation of the project? Does the applicant have a proven track record in the administration and management of the proposed activities, particularly identification and supervision of qualified consultants and sub-contractors if appropriate, and to manage the resources of the program, prepare reports, monitor and evaluate activities, audit expenditures and produce collect and analyze performance data? The grantee must demonstrate an ability to submit quarterly reports in a timely manner to the HHS/CDC office.

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

Is the itemized budget for conducting the project, along with justification, reasonable and consistent with stated objectives and planned program activities? Is the budget itemized, well justified and consistent with the goals of the President's Emergency Plan for AIDS Relief? If

applicable, are there reasonable costs per client reached for both year one and later years of the project?

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

Applications will be reviewed for completeness by the CDC Procurement and Grants Office (PGO) staff and for responsiveness jointly by the HHS/CDC Global AIDS Program and PGO. 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 in the Republic of Mozambique. The panel may include both U.S. Federal Government and non-U.S. Federal Government participants.

## **VI.3 Application Selection Process**

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

### **Funding Preferences:**

Preference will be afforded to organizations which possess:

1. Experience in human capacity-development in Portuguese for the management of blood transfusion programs in resource-constrained settings, and evidence of capacity-building and training activities in blood transfusion leadership and management that involve Mozambique MOH.
2. Experience in supporting African blood services to evaluate programs, translate those findings into changes in programs and develop pilot activities to inform program management.

Please refer to PEPFAR definition of local partner (Section IV).

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

#### **VI.4. Anticipated Announcement and Award Dates**

The anticipated announcement award date is **September 30, 2010**.

### **VII. Award Administration Information**

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

Successful applicants will receive a Notice of Award (NoA) from the HHS/CDC Procurement and Grants Office. The NoA shall be the only binding, authorizing document between the grantee and HHS/CDC. The NoA will be signed by an authorized Grants Management Officer and emailed to the program director, and a hard copy mailed to the grantee fiscal officer identified in the application.

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 - 6 Patient Care.
- AR - 8 Public Health System Reporting Requirements.
- AR - 9 Paperwork Reduction Act Requirements.
- AR - 10 Smoke Free Workplace Requirements.
- AR - 12 Lobbying Restrictions.
- AR - 14 Accounting System Requirements.
- AR - 16 Security Clearance Requirements.
- AR - 23 Compliance with 45 C.F.R. Part 87.
- AR - 24 Health Insurance Portability and Accountability Act Requirements.
- AR - 25 Release and Sharing of Data.

Additional information on the requirements is available on the HHS/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 and budget narrative;
- e. Measures of Effectiveness, including progress against the numerical goals of the President's Emergency Plan for AIDS Relief for Blood Safety in the Republic of Mozambique;
- f. SF424A; and

- g. Additional Requested Information.
2. Quarterly progress reports, due at the end of each budget period quarter. Reports should include activities for the reporting quarter, including success and challenges; activities planned for the next quarter; budget; measures of effectiveness; and, any other requested information;
  3. 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 Blood Safety in the Republic of Mozambique;
  4. Financial status report, due no more than 90 days after the end of the budget period; and
  5. Final progress and Financial Status 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.

In addition to the above, the following specific outcomes will need to be reported annually:

- Number of centers and integrated but isolated sites offering quality blood collection and appropriate processing;
- Number of centers and integrated but isolated sites with functioning modern testing and appropriate processing equipment;
- Number of centers and integrated but isolated sites with dedicated blood information systems and functional donor database;
- Number of satellite units in facilities that transfuse blood capable of storing blood and performing modern compatibility testing;
- Annual number of donations per 1000 population;

- Number of blood units available for transfusion per year;
- Number of regular voluntary non remunerated donors per year;
- Number of functioning blood donor clubs;
- Number of testing facilities performing HIV, HBV, HCV and syphilis testing;
- Status of National Reference Center laboratory WHO accreditation;
- Number of centers participating in national QA/QC system conducted by the National Reference Center;
- Status of External Quality Assurance system for HIV, HBV and HCV by the National Reference Center;
- Number of the centers with good record keeping and quality assurance procedures for tests and equipment maintenance;
- Number of health workers involved in transfusion trained in appropriate use of component apart from whole blood;
- Number of health facilities appropriately using blood substitutes such as intravenous replacement fluids (crystalloids and colloids) for the correction of hypovolemia;
- Number of health facilities that have access to components appropriately using specific blood components apart from whole blood;
- Number of health care professionals involved in blood transfusion services trained in various specialized areas including blood banking and transfusion medicine, social marketing, donor motivation and care, and laboratory management;
- Number of facility appropriate transfusion committees;
- Amount of required educational materials reviewed or developed;

- Pre-service curricula related to blood collection, processing and transfusion for medical and laboratory training reviewed for consistency with national policy and SeNaS guidelines;
- Number of centers generating useful data for analysis and feedback given to improve the program.

### **VIII. Agency Contacts**

HHS/CDC encourages inquiries concerning this announcement.

For program technical assistance, contact:

Paula Morgan

Technical Public Health Advisor

Global AIDS Program Mozambique

Centers for Disease Control and Prevention

JAT Complex 4

Ave. Zedequias Manganhela, 267

Maputo, Mozambique

Telephone: 21-30 89 34

Email: [morganp@mz.cdc.gov](mailto:morganp@mz.cdc.gov)

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

Valerie Naglich, Grants Management Specialist

Procurement and Grants Office

Centers for Disease Control and Prevention

U.S. Department of Health and Human Services

P.O. Box 9536

Pretoria, 0001 South Africa

Telephone: + 27 012 424 9011

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CDC Telecommunications for the hearing impaired or disabled is available at:

TTY 770-488-2783.

## **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).