

Amendment II (4/4/2011):

1. Pages 2 and 35: Application Closing Date April 6, 2011, 5:00pm Eastern Standard Time

Amendment II (3/18/2011):

1. Pages 54-55: Inserted Appendix 1: List of Imperative Sites by District and Region

Amendment I (2/24/2011)

1. Page 4 - The following language has been added:

Applicants are expected to respond to one or more of the following regions and their respective districts:

1. Region 1: Nyeri District, Nyandarua District, Kirinyaga District

2. Region 2: Kiambu District, Muranga District, Thika District

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

Centers for Disease Control and Prevention (CDC)

Support the Implementation and Expansion of High Quality HIV Care, Prevention and Treatment Activities in Central Province in the Republic of Kenya by Engaging Local Indigenous Partners under the President's Emergency Plan for AIDS Relief (PEPFAR)

I. AUTHORIZATION AND INTENT

Announcement Type: New

Funding Opportunity Number: CDC-RFA-GH11-1104

Catalog of Federal Domestic Assistance Number: 93.067

Key Dates:

Application Deadline Date: April 6, 2011, 5:00pm Eastern Standard Time

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 five year period, 2009 - 2014 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.

- Developing, validating and/or evaluating public health programs to inform, improve and target appropriate interventions, as related to the prevention, care and treatment of HIV/AIDS, TB and opportunistic infections.

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 and funding to local indigenous organizations in Kenya to continue and expand comprehensive HIV prevention, care and antiretroviral treatment (ART) programs initiated under the PEPFAR-HHS/CDC centrally funded HIV clinical services and antiretroviral treatment program in predominantly, but not exclusively, public sector health facilities in the Central Province in the Republic of Kenya. Additionally, the purpose of this program is

to provide technical and capacity building support to Kenyan organizations that will have responsibility for implementing HIV care and treatment services.

Applicants are expected to respond to one or more of the following regions and their respective districts:

1. **Region 1: Nyeri District, Nyandarua District, Kirinyaga District**
2. **Region 2: Kiambu District, Muranga District, Thika District**

Applicants must submit a separate application for the region they intend to implement or work in. In addition to the program narrative the applicant must include a separate budget for each proposed region and on form SF 424 item number 14, the applicant should state the region they are applying to work in. Failure to indicate the area of work will make the application non-responsive.

Overview of Activities:

This funding opportunity announcement (FOA) covers a wide range of activities within the spectrum of comprehensive HIV services to strengthen the capacity for service delivery and expand activities to maximize coverage. These activities include, but are not limited to, prevention of mother to child transmission (PMTCT), TB/HIV testing and treatment, pediatric and adult care, pediatric and adult treatment, nutrition programs, prevention with positives (PWP), post exposure prophylaxis (PEP), voluntary medical male circumcision (VMMC), behavior change interventions, and HIV counseling and testing activities, specifically provider-initiated testing and counseling (PITC). In addition, in further support of the care provided to patients receiving HIV services,

applicants may be allowed to put an emphasis on other medical conditions such as malaria, emerging and re-emerging infections, neglected tropical diseases, influenza, and other diseases with pandemic potential as well as environmental health issues, chronic diseases, maternal and child health, reproductive health, public health preparedness, bio-safety, and injury control and prevention.

Applicants will also be required to develop systems for quality assurance of these programs, and share experiences and lessons learned with the relevant Government of Kenya (GoK) institutions, US Government (USG) organizations, and other agencies supporting HIV prevention, care, and treatment activities in the country.

All activities will be required to have strong community linkages to ensure a continuum of care and prevention initiatives. This FOA builds on PEPFAR support provided through a centrally funded mechanism and serves to ensure continuity of comprehensive HIV/AIDS services to an existing pool of clients receiving HIV/AIDS prevention, care, support and treatment.

This program announcement covers several Districts and clinic sites within Central Province as grouped into two regions. Applicants are requested to indicate in their proposal which Districts (using the old district boundaries) they intend to implement these activities. Applicants may propose to work in one or both the regions but they should cover all the districts in the specific region. The districts and their imperative sites are listed in Appendix 1. The two regions and the respective districts are provided below.

- **Region 1: Nyeri District, Nyandarua District, Kirinyaga District**

- **Region 2: Kiambu District, Muranga District, Thika District**

The grantee will work closely with district health offices and the Ministries of Health (MOH) so that community activities and monitoring and evaluation (M&E) systems strive to align with national systems. Also, through coordination with both the Ministries of Health and the USG PEPFAR team, the grantee will identify other indigenous organizations with whom to work to build capacity in community-based approaches to HIV/AIDS service delivery and to strengthen the health systems to plan, manage, and support the continued provision of these services. The successful grantee will be required to fully support the imperative sites in the first year. Subsequently, in consultation with the relevant GoK offices and the CDC Division of Global HIV/AIDS country office, the grantee may scale up and expand the coverage, services, and range of interventions, as well as populations served and geographic coverage. In addition, initiatives to support institutional capacity building activities for FBOs, MOH, and other providers of HIV service delivery will be addressed. The submission of detailed monitoring and evaluation plans outlining methodologies to demonstrate achievements through measurable outcomes will be required of all initiatives.

Each individual applicant is required to respond to all outcomes described in this announcement. Applicants may utilize joint partnerships or consortia and provide an integrated approach to comprehensive HIV/AIDS services.

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

1. Provider Initiated Testing and Counseling (PITC)

A. Number of service outlets with capacity to provide PITC per region:

51;

B. Number of service providers trained to provide PITC: 200;

C. Percent of patients attending inpatient and outpatient services in the identified service outlets provided with PITC: 80;

D. Percent of patients tested positive and referred for care and treatment services: 90; and

E. Percent of patients tested positive and have a CD4 count done within 4 weeks: 90.

2. Adult and Pediatric HIV Basic Care and Support

A. Number of health care facilities providing care and support for adults and children: Region 1=24; Region 2= 27;

B. Number of health care workers trained to deliver HIV related adult and pediatric care and support: Region 1=96; Region 2=104;

C. Number of HIV infected adults and children provided with HIV related care and support: Region 1= 28,045; Region 2= 36,893; and

D. Percent of patients in care and on cotrimoxazole (according to the national guidelines): 90.

3. Adult and Pediatric HIV Treatment

- A. Number of health care facilities providing treatment services
Antiretrovirals (ART) adults and children: Region 1=24; Region 2=27;
- B. Number of health care workers trained to deliver pediatric and adult ART services: Region 1=96; Region 2=104;
- C. Number of individuals newly initiating ART: Region 1=1,537; Region 2=2,345; and
- D. Number of individuals receiving ART at the end of the reporting period: Region 1= 9,680; Region 2=15,680

4. TB/HIV

- A. Number of service outlets providing TB treatment to HIV infected individuals in an HIV care setting: Region 1=24; Region 2=27;
- B. Number of health care workers trained to provide TB treatment to HIV infected individuals: Region 1=96; Region 2=104;
- C. Percent of HIV patients screened for TB at each visit: 90; and
- D. Percent of TB patients screened for HIV: 90

5. Prevention of Mother-to-Child Transmission (PMTCT)

- A. Number of service outlets providing the minimum package of PMTCT services (according to national and international standards):
Region 1=143; Region 2= 149;
- B. Number of health care workers trained to provide PMTCT services using the National PMTCT Training Curriculum: Region 1=140;
Region 2=140;

- C. Percent of eligible HIV-infected pregnant women placed on dual therapy or Highly Active Antiretroviral Therapy (HAART) (according to national guidelines): 90;
 - D. Percent of HIV-exposed infants received nevirapine prophylaxis: 90; and
 - E. Percent of HIV-exposed infants that have a Deoxyribonucleic Acid (DNA)- Polymerase Chain Reaction (PCR) at 6 weeks of age: 90.
6. Prevention with Positives (PWP)
- Number of facilities offering PWP messages and interventions in all HIV clinical and community settings: 51
7. Health Systems Strengthening (HSS):
- A. Percent of sanctioned clinical positions filled in the district: 90;
 - B. Percent of HIV/AIDS trainings planned by the district in the last 12 months that were completed: 90;
 - C. Percent of clinical staff providing HIV services that have attended an initial or refresher training on clinical care in the last 24 months: 70;
 - D. Percent of health facilities that received supportive supervision visits from district health management teams at least twice in last 12 months: 100;
 - E. Percent of health facilities that have all basic equipment functioning as mandated for the level of facility by national guidelines: 80;

- F. Percent of districts and/or regions that have convened regional quality improvement meetings with health facility participation in the last 12 months: 80; and
- G. Percent of districts that have a monthly spending report for the last three complete months: 70

This announcement is only for non-research activities supported by the Centers for Disease Control and Prevention within HHS (HHS/CDC). If research is proposed, the application will not be reviewed. For the definition of research, please see the CDC Web site at the following Internet address:

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

II. PROGRAM IMPLEMENTATION

Recipient Activities:

Partners receiving HHS/CDC funding must place a clear emphasis on developing local indigenous capacity to deliver HIV/AIDS related services to the Kenyan population and must also coordinate with activities supported by MOH and other GoK institutions, 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) of these funds is responsible for activities in multiple program areas.

The grantee will implement activities both directly and, where applicable, through sub-grantees; the 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 Kenya. The grantee will produce an annual operational plan, which the U.S. Government Emergency Plan team on the ground in Kenya will review as part of the annual Emergency Plan review-and-approval process managed by the Office of the U.S. Global AIDS Coordinator.

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

Grantee activities for this program are as follows:

Grantee(s) will work in collaboration with HHS/CDC Kenya Division of Global HIV/AIDS office and the Kenya Ministries of Health to achieve program outcomes. All activities should be in accordance with the Kenya National AIDS Strategic Plan III (KNASP III), Kenya Ministries of Health policies and regulations, technical guidelines and other relevant strategic plans. The grantee(s) will also be required to work with the US Government Interagency Emergency Plan Team and other implementing partners, and will participate in the process of developing the annual Country Operation Plan for Kenya. The grantee(s) is expected to work with other Emergency Plan Partners at the regional and district level to rationalize activities, avoid duplication, and achieve program efficiencies using Emergency Plan Funds.

Grantee(s) will be required to ensure continuity of services for the existing HHS/CDC PEPFAR program activities as well as support expansion in geographical coverage, populations served, and technical scope within the two regions in the targeted sites.

These activities include:

1. Plan and work with the local indigenous organizations and relevant Government of Kenya (GoK) Ministries and Institutions for the expansion and implementation of comprehensive HIV prevention, care and treatment services and specifically PITC, adult and pediatric HIV care and support, adult and pediatric HIV treatment, TB/HIV and PMTCT, and appropriate prevention strategies.

2. In collaboration with HHS/CDC, GoK and other implementing partners in the respective regions, conduct a baseline assessment of existing HIV services in the respective region, identify gaps, map out imperative sites for continuation of services and develop an implementation plan within the first 30 days of the award.
3. Support and strengthen adult and pediatric HIV prevention, care and treatment provided in the defined regions and imperative sites. Activities will include:
 - a. Provider Initiated Testing and Counseling (PITC)
 - b. Adult and Pediatric HIV Care and Support
 - c. Adult and Pediatric Treatment
 - d. TB/HIV
 - e. Prevention of Mother-to-Child Transmission (PMTCT)
 - f. Prevention with Positives (PWP)
 - g. Voluntary Medical Male Circumcision (VMMC)
 - h. Other prevention initiatives such as Behavior Change
4. Establish and implement a referral mechanism to ensure and document continuity of care and services received from facility to the community. This should support the MOH Community Health Strategy and incorporate community activities of People Living with HIV/ AIDS (PLWHA).
5. Support the training of health care workers in the targeted facilities in the following areas including but not limited to: HIV Prevention, Care and Treatment; Pediatric HIV Prevention, Care and Treatment and Comprehensive PMTCT.

6. Support the health facility and community sites to collect and report the relevant HIV care data in line with the GoK guidelines, and ensure continuous analysis to utilize results for program planning, evaluation and improvement services.
7. Assist the sites with focused efforts to improve the quality of HIV prevention, care and treatment programs, by assisting with the development/adaptation of benchmarks/indicators, and the development of systems for measuring performance against the benchmarks.
8. Collaborate with GoK institutions including District offices, HHS/CDC, other U.S. Government agencies as well as other implementing partners to develop strategies to strengthen national HIV/AIDS data management and monitoring and evaluation systems by improving site-level data collection, analysis and use, as well as systems to transfer to districts, regional and central level for use in health service and resource planning.
9. Strengthen district-level health systems to sustainably plan, manage, and support the provision of comprehensive HIV services, including expanding the capacities of the human resources, training, supervision, financial management, quality improvement, laboratory diagnostics and services, commodities management and support systems, and infrastructure, maintenance of the equipment and physical buildings.
10. In collaboration with the District Ministry of Medical Services and Ministry of Public Health and Sanitation offices/staff, conduct supportive supervision in all health facilities.

11. Support quality management/performance improvement activities at all clinic and community sites.
12. Provide technical assistance in collaboration with HHS/CDC Kenya, to the relevant GoK agencies when necessary.

CDC Activities:

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

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

1. Organize an orientation meeting with the grantee to brief it on applicable U.S. Government, HHS, and Emergency Plan expectations, regulations and key management requirements, as well as report formats and contents. The orientation could include meetings with staff from HHS agencies and the Office of the U.S. Global AIDS Coordinator.
2. Review and make recommendations as necessary 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 AIDS Relief Country Operational Plan review-and-approval process, managed by the Office of the U.S. Global AIDS Coordinator.
4. Review and make recommendations to the grantee's monitoring-and-evaluation plan, including for compliance with the strategic-information guidance established by the Office of the U.S. Global AIDS Coordinator.
5. Meet on a monthly basis with the grantee to assess monthly expenditures in relation to approved work plan and modify plans, as necessary.
6. Meet on a quarterly basis with the grantee to assess quarterly technical and financial progress reports and modify plans as necessary.
7. Meet on an annual basis with the grantee to review annual progress report for each U.S. Government Fiscal Year, and to review annual work plans and budgets for subsequent year, as part of the Emergency Plan for AIDS Relief review and approval process for Country Operational Plans, managed by the Office of the U.S. Global AIDS Coordinator.
8. Provide technical assistance, as mutually agreed upon, and revise annually during validation of the first and subsequent annual work plans. This could include expert technical assistance and targeted training activities in specialized areas, such as strategic information, project management, confidential counseling and testing, palliative care, treatment literacy, and adult-learning techniques.

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

17. Collaboration in the design of research protocols, trainings, or service delivery models.
18. Approval of research protocols and analytical approaches, or approving the initiation of a subsequent module in a phased activity (for example, construction or clinical trials).
19. Training project staff in participating organizations; assisting in the evaluation of potential contractors.
20. Participation in the presentation of research results, including co-authorship of papers.

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. CDC substantial involvement in this program appears in the Activities Section above.

III. AWARD INFORMATION AND REQUIREMENTS

Type of Award: Cooperative Agreement.

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

Fiscal Year Funds: FY 2011

Approximate Current Fiscal Year Funding: \$ 7,000,000

Approximate Total Project Period Funding: \$50,000,000 (This amount is an estimate, and is subject to availability of funds and includes direct costs for international organizations or direct and indirect costs for domestic grantees for all years.)

Approximate Number of Awards: One to four

Approximate Average Award: \$: \$1,750,000 (This amount is for the first 12 month budget period, and includes direct costs for international organizations.)

Floor of Individual Award Range: None

Ceiling of Individual Award Range: None

Anticipated Award Date: September 2011

Budget Period Length: 12 months

Project Period Length: Five years

Throughout the project period, CDC's commitment to continuation of awards will be conditioned on the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the Federal government.

IV. ELIGIBILITY

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

Applicants who are local, indigenous Kenyan organizations fully registered in the country. An indigenous organization is one that originated and is located in the geographic area it services, serves the population located in the geographic area and has a majority of organizational staff (senior, mid-level, and support) comprised of persons from Kenya. Organizations include: local, indigenous public nonprofit organizations; local, indigenous private nonprofit organizations; local, indigenous universities; local, indigenous colleges; local, indigenous research institutions; local, indigenous hospitals;

local, indigenous community-based organizations; and local, indigenous faith-based organizations.

Justification:

HHS/CDC supports sustainable public health programming through direct and collaborative assistance domestically with State and Local Health Departments and globally with Ministries of Health, and other government entities. When appropriate and in the best interest of the U.S. Government, HHS/CDC also supports local, indigenous organizations to further sustainable, country-led global public health programming to support the effort of the Ministries of Health. A core principle of the President Obama's Global Health Initiative is the support for country ownership, and a major priority of PEPFAR's second phase is to increase the capacity of countries at both the government and civil society level to manage, oversee, and operate their health systems. Support for local, indigenous organizations in Kenya will encourage the development of sustainable capacity in the public health systems, and reduce the establishment of parallel capacity and systems by external U.S.-based organizations.

Under PEPFAR legislation, HHS/CDC is authorized to transition leadership of all centrally funded programs and services (including ART services) in Kenya to local ownership, with the ultimate aim of full transition of all appropriate activities to the Ministries of Health and other governmental entities that have the jurisdictional authority to directly finance and perform these programs and services. Building, strengthening and sustaining institutional capacity of indigenous Kenyan organizations is a key strategy for achieving the prevention, care and treatment goals of the PEPFAR and to ensuring long-

term sustainability of the program. Additionally, organizations indigenous to Kenya are more familiar with the target population and culture.

The Limited Eligibility Justification is to encourage a competitive environment among local organizations in support of transitioning programs and services, and is appropriate because current government rules do not allow regional government entities to receive direct funding from a foreign government. The only available funding mechanism for local government institutions is through sub-granting by local non-government organizations in order to ensure uninterrupted care and services.

SPECIAL ELIGIBILITY CRITERIA: Licensing/Credential/Permits

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.

Maintenance of Effort

Maintenance of Effort is not required for this program.

Special Requirements:

1. 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.

2. 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.
- If the total amount of appendices includes more than 80 pages, the application will not be considered for review. For this purpose, all appendices must have page numbers and must be clearly identified in the Table of Contents.
- An HIV/AIDS related funding matrix must be submitted in order for the application to be considered for review. All applicants must indicate whether they are

receiving other HIV/AIDS related funding. If the applicant is receiving or has applied for other HIV/AIDS related funding, the following information must be submitted:

- ✓ Funding mechanism (i.e. contract, CoAg, grant)
- ✓ Amount of award
- ✓ Period performance
- ✓ Funding agency
- ✓ Contact details for funding agency
- ✓ Brief description of program activities
 - 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.

Intergovernmental Review of Applications

Executive Order 12372 does not apply to this program.

V. APPLICATION CONTENT

Unless specifically indicated, this announcement requires submission of the following information:

A Project Abstract must be completed in the Grants.gov application forms. The Project Abstract must contain a summary of the proposed activity suitable for dissemination to the public. It should be a self-contained description of the project and should contain a statement of objectives and methods to be employed. It should be informative to other

persons working in the same or related fields and insofar as possible understandable to a technically literate lay reader. This abstract must not include any proprietary/confidential information.

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.

A Project Narrative must be submitted with the application forms. The project narrative 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

- *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;
 - Provide CVs for current staff who will spend more than 50% of their time on this activity.
- ***Job descriptions*** of proposed key positions to be created for the activity;
 - Provide job description for any key positions to be created under this activity
- ***Applicant's Corporate Capability Statement***;
- ***Letters of Support*** (5 letters maximum);
 - Letters from collaborating institutions and the Ministries of Health will be given additional consideration
- ***Evidence of Legal Organizational Structure; and***
- ***If applying as a Local Indigenous Partner***, provide documentation to self-certify the applicant meets the PEPFAR local partner definition listed in “Special Requirements,” Part IV. ELIGIBILITY section of the FOA.

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

APPLICATION SUBMISSION

Registering your organization through www.Grants.gov, the official agency-wide E-grant website, is the first step in submitting an application online. Registration information is located on the “Get Registered” screen of www.Grants.gov. Please visit www.Grants.gov at least 30 days prior to submitting your application to familiarize yourself with the registration and submission processes. The “one-time” registration process will take three to five days to complete. However, the Grants.gov registration process also requires that you register your organization with the Central Contractor Registry (CCR) annually. The CCR registration can require an additional one to two days to complete.

International organizations also require a NATO CAGE Code (NCAGE). The NCAGE request may take from two business days to two weeks to complete. NCAGE is needed before registering with the Central Contractor Registry (CCR). After registering with CCR, the applicant can proceed to register with Grants.gov. (See “Other Submission Requirements” session below for more information)

Submit the application electronically by using the forms and instructions posted for this funding opportunity on www.Grants.gov. If access to the Internet is not available or if

the applicant encounters difficulty in accessing the forms on-line, contact the HHS/CDC Procurement and Grant Office Technical Information Management Section (PGO-TIMS) staff at (770) 488-2700 for further instruction.

Note: Application 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.

Other Submission Requirements

A letter of intent is not applicable to this funding opportunity announcement.

Dun and Bradstreet Universal Number (DUNS)

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

Central Contractor Registration (CCR)

The applicant is required to have a CCR registration to apply for grants or cooperative agreements from the Federal government. For more information on CCR and how to register go to www.ccr.gov.

Other Submission Requirement for International Organizations:

NATO CAGE Code (NCAGE)

After obtaining DUNS, the applicant is required to have a NATO CAGE Code in order to apply for grants or cooperative agreements from the Federal government. Applicants can complete the request online at www.dlis.dla.mil/forms/Form_AC135.asp. If the organization cannot submit this form by Internet, the organization can obtain an NCAGE by contacting the National Codification Bureau of the country where the organization is located. For a list of addresses, go to www.dlis.dla.mil/nato_poc.asp. Please note that

NCAGE code is required for international organizations in order to register with the Central Contractor Registration (CCR) and Grants.gov.

Electronic Submission of Application:

Applications must be submitted electronically at 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 Authorized Organizational representative (AOR) to Grants.gov on or before the deadline date and time.

The application package can be downloaded from www.Grants.gov. Applicants can complete the application package off-line, and then upload and submit the application via the Grants.gov Web site. The applicant must submit all application attachments using a PDF file format when submitting via Grants.gov. Directions for creating PDF files can be found on the Grants.gov Web site. Use of file formats other than PDF may result in the file being unreadable by staff.

Applications submitted through Grants.gov (<http://www.grants.gov>), are electronically time/date stamped and assigned a tracking number. The AOR will receive an e-mail notice of receipt when HHS/CDC receives the application. The tracking number serves as a receipt of submission.

If the applicant encounters technical difficulties with Grants.gov, the applicant should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7 days a week (closed federal holidays). The Contact Center provides customer service to the applicant community. The extended hours will provide applicants

support around the clock, ensuring the best possible customer service is received any time it's needed. You can reach the Grants.gov Support Center at 1-800-518-4726 or by email at support@grants.gov. Submissions sent by e-mail, fax, CD's or thumb drives of applications will not be accepted.

Organizations that encounter technical difficulties in using www.Grants.gov to submit their application must attempt to overcome those difficulties by contacting the Grants.gov Support Center (1-800-518-4726, support@grants.gov). After consulting with the Grants.gov Support Center, if the technical difficulties remain unresolved and electronic submission is not possible to meet the established deadline, organizations may submit a request prior to the application deadline by email to PGO TIMS for permission to submit a paper application. An organization's request for permission must: (a) include the Grants.gov case number assigned to the inquiry, (b) describe the difficulties that prevent electronic submission and the efforts taken with the Grants.gov Support Center (c) be submitted to PGO TIMS at least 3 calendar days prior to the application deadline. Paper applications submitted without prior approval will not be considered.

If a paper application is authorized, the applicant will receive instructions from PGO TIMS to submit the original and two hard copies of the application by mail or express delivery service.

Submission Dates and Times

This announcement is the definitive guide on application content, submission, and deadline. It supersedes information provided in the application instructions. If the application submission does not meet the deadline published herein, it will not be eligible for review and the applicant will be notified the application did not meet the submission requirements. The application face page will be returned by HHS/CDC with a written explanation of the reason for non-acceptance.

Application Deadline Date: April 6, 2011, 5:00pm.

VI. APPLICATION REVIEW INFORMATION

Eligible 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 of effectiveness must be objective, quantitative and measure the intended outcome of the proposed program. The measures of effectiveness must be included in the application and will be an element of the evaluation of the submitted application.

Evaluation Criteria

Eligible applications will be evaluated against the following criteria:

Ability to Carry Out the Proposal (20 points):

- Does the applicant demonstrate the local experience in Kenya and institutional capacity (both management and technical) to achieve the goals of the project with documented good governance practices (5 points)?
- Does the applicant demonstrate the ability to achieve the goals of the project and quickly establish activities, through for example existing services, in order to avoid a gap in care and treatment services? (5 points)
- Does the applicant demonstrate, through previously established relationships, an existing ability to coordinate and collaborate with Emergency Plan partners, other donors (including bi- and multi-lateral donors such as the Global Fund, and other U.S. Government Departments and agencies involved in implementing the President's Emergency Plan), and Federal, State, and Local level government institutions in Kenya? (5 points)
- Does the applicant provide strong evidence of successful clinical and managerial experience in the delivery of comprehensive HIV services through healthcare facilities, giving significance to the number of sites, patient loads, and spectrum of laboratory diagnostics employed. Are strong letters of support from the specified site/ facility provided? (5 points)

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 application include reasonable estimates of outcome targets (For example, the numbers of sites to be supported, number of clients the program will reach.)? (10 points)

- Does the applicant display knowledge of the strategy, principles and goals of the President's Emergency Plan, and are the proposed activities consistent with and pertinent to that strategy and those principles and goals? Does the applicant describe activities that are evidence based, realistic, achievable, measurable and culturally appropriate to achieve the goals of the President's Emergency Plan? (5 points)
- Does the application propose to build on and complement the current national response in Kenya with evidence-based strategies designed to reach underserved populations and meet the goals of the President's Emergency Plan? (5 points)

Capacity Building (15 points):

- Does the applicant's proposal present a clear plan for implementing the award activities in collaboration with other local organizations in general and State and Local government institutions in Kenya? Does the applicant describe an adequate and measurable plan to progressively build the capacity of district health departments and the MoH to deliver services to respond to the epidemic in Kenya? (5 points)
- Does the applicant have relevant experience in using participatory methods, and approaches, in project planning and implementation? Does the capacity building plan clearly describe how it will contribute to: 1) an improved quality and geographic coverage of service delivery to achieve the "3,12,12"¹ targets of the

¹ 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.

President's Emergency Plan; 2) promote sustainability with continued, high-quality care and treatment; and 3) ultimately transition all appropriate activities to the Ministries of Health and other governmental entities that have the jurisdictional authority to directly finance and perform these programs and services? (10 points)

Monitoring and Evaluation (15 points):

- Does the applicant demonstrate the local experience and capability to implement rigorous monitoring and evaluation of the project in line with the national monitoring and evaluation systems in Kenya? (5 points)
- Does the applicant describe a system for reviewing and adjusting program activities based on monitoring information obtained by using innovative, participatory methods and standard approaches? Does the plan include indicators developed for each program milestone, and incorporated into the financial and programmatic reports? Are the indicators consistent with the President's Emergency Plan Indicator Guide? Is the system able to generate financial and program reports to show disbursement of funds, and progress towards achieving the numerical objectives of the President's Emergency Plan? Is the plan to measure outcomes of the intervention, and the manner in which they will be provided, adequate? Is the monitoring and evaluation plan consistent with the principles of the "Three Ones"²? Does the application define specific output and

² 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

outcome indicators in the proposal? Does it have realistic targets in line with the targets addressed in the Activities section of this announcement? (10 points)

Understanding of the Problem (10 points):

- Does the applicant demonstrate a clear and concise understanding of the current national HIV/AIDS response and the cultural and political context relevant to the programmatic areas targeted in Kenya? To what extent does the applicant justify the need for this program within the target community? (5 points)
- Does the applicant display an understanding of the the Five-Year Strategy and goals of the President’s Emergency Plan and HHS/CDC HIV clinical services and antiretroviral treatment program? (5 points)

Personnel (10 points):

- Are the staff roles clearly defined? (3 points)
- As described, will the staff be sufficient to meet the goals of the proposed project?
Does the organization employ staff fluent in local languages who will work on this project? Are staff involved in this project qualified to perform the tasks

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.

described? Was Curricula vitae provided and did it include qualifications in the following areas: management of HIV/AIDS prevention activities, especially confidential, voluntary counseling and testing; and the development of capacity building among and collaboration between Governmental and non-governmental partners? (7 points)

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? (4 points)
- Is the management structure for the project sufficient to ensure speedy implementation of the project? (2 points)
- Does the applicant have a proven track record in managing HIV service project budgets; running transparent and competitive procurement processes; supervising consultants and contractors; and providing technical assistance to local partners and MOH units? The grantee must demonstrate an ability to submit quarterly reports in a timely manner to the HHS/CDC office. (2 points).
- Does the grantee include a financial plan, which includes movement toward long-term financial ownership? (2 points)

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?

Funding Restrictions

Restrictions, which must be taken into account while writing the budget, are as follows:

- Recipients may not use funds for research.
- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.
- Reimbursement of pre-award costs is not allowed.
- 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 Number 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 applicant can obtain guidance for completing a detailed justified budget on the CDC website, at the following Internet address:

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

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) 2011, the limit is no more than 8 percent of the country's FY 2011 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. Single-partner funding limits will be determined by PEPFAR after the submission of the COP(s). 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 2011 grants and cooperative agreements (for as many fiscal years as applicable) in Kenya. For additional information concerning this RFA/APS/FOA, please contact the Grants Officer for this RFA/APS/FOA.

Prostitution and Related Activities

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

Any entity that receives, directly or indirectly, U.S. Government funds in connection with this document (“recipient”) cannot use such U.S. Government funds to promote or advocate the legalization or practice of prostitution or sex trafficking. Nothing in the preceding sentence shall be construed to preclude the provision to individuals of palliative care, treatment, or post-exposure pharmaceutical prophylaxis, and necessary pharmaceuticals and commodities, including test kits, condoms, and, when proven effective, microbicides. A recipient that is otherwise eligible to receive funds in

connection with this document to prevent, treat, or monitor HIV/AIDS shall not be required to endorse or utilize a multisectoral approach to combating HIV/AIDS, or to endorse, utilize, or participate in a prevention method or treatment program to which the recipient has a religious or moral objection. Any information provided by recipients about the use of condoms as part of projects or activities that are funded in connection with this document shall be medically accurate and shall include the public health benefits and failure rates of such use.

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

The following definition applies for purposes of this clause:

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

All recipients must insert provisions implementing the applicable parts of this section, “Prostitution and Related Activities,” in all 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. Recipients must agree that HHS may, at any reasonable time, inspect the documents and materials maintained or prepared by the recipient in the usual course of its operations that relate to the organization's compliance with this section, "Prostitution and Related Activities."

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

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

Any enforcement of this clause is subject to Alliance for Open Society International v. USAID, 05 Civ. 8209 (S.D.N.Y., orders filed on June 29, 2006 and August 8, 2008)(orders gaining preliminary injunction) for the term of the Orders.

The List of the members of GHC and InterAction is found at:

http://www.usaid.gov/business/business_opportunities/cib/pdf/GlobalHealthMemberlist.pdf.

Application Review Process

All eligible applications will be initially reviewed for completeness by the Procurement and Grants Office (PGO) staff. In addition, eligible applications will be jointly reviewed for responsiveness by HHS/CDC Global AIDS Program staff 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 eligibility and/or published submission requirements.

An objective review panel will evaluate complete and responsive applications according to the criteria listed in Section VI. Application Review Information, subsection entitled “Evaluation Criteria”. The panel may include both U.S. Federal Government and non-U.S. Federal Government participants.

Applications Selection Process

Applications will be funded in order by score and rank determined by the review panel unless funding preferences or other considerations stated in the FOA apply.

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

VII. AWARD ADMINISTRATION INFORMATION

Award Notices

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

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

Administrative and National Policy Requirements

Successful applicants must comply with the administrative requirements outlined in 45 Code of Federal Regulations (CFR) Part 74 or 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-15 Proof of Non-Profit Status
- AR-21 Small, Minority, and Women-Owned Business
- 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
- AR-29 Compliance with EO13513, “Federal Leadership on Reducing Text Messaging while Driving”, October 1, 2009
- AR-30 Section 508 Compliance

Additional information on the requirements can be found on the CDC Web site at the following Internet address: http://www.cdc.gov/od/pgo/funding/Addtl_Reqmnts.htm.

For more information on the Code of Federal Regulations, see the National Archives and Records Administration at the following Internet address:
<http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>.

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

Reporting Requirements

Each funded applicant must provide CDC with an annual Interim Progress Report submitted via www.grants.gov:

1. The interim progress report is due no less than 90 days before the end of the budget period. The Interim Progress Report will serve as the non-competing continuation application, and must contain the following elements:
 - a. Standard Form (“SF”) 424S Form.
 - b. SF-424A Budget Information-Non-Construction Programs.
 - c. Budget Narrative.
 - d. Project Narrative.
 - e. Activities and Objectives for the Current Budget Period;
 - f. Financial Progress for the Current Budget Period;
 - g. Proposed Activity and Objectives for the New Budget Period Program;
 - h. Budget;
 - i. Measures of Effectiveness, including progress against the numerical goals of the President's Emergency Plan for AIDS Relief for Kenya; and
 - j. Additional Requested Information;

Additionally, funded applicants must provide CDC with an original, plus two hard copies of the following reports:

1. Quarterly progress reports (programmatic and financial).
2. Annual progress report, due 90 days after the end of the budget period.
3. Financial Status Report (SF 269), no more than 90 days after the end of the budget period.

4. Final performance and Financial Status Reports, no more than 90 days after the end of the project period.
5. Ad hoc reports as deemed necessary in accordance with OMB requirements
6. All reports should be aligned with the reporting national systems

Note: The required reports are the semiannual report, annual report which should be uploaded to a PEPFAR database, and the quarterly reports which should be sent to CDC and may also be considered as quarterly reports depending on the dates of submission.

These reports must be submitted to the attention of the Grants Management Specialist listed in the Section VIII below entitled “Agency Contacts”.

VIII. AGENCY CONTACTS

CDC encourages inquiries concerning this announcement.

For **programmatic technical assistance**, contact:

Suzanne C. Theroux, Project Officer

Department of Health and Human Services

Centers for Disease Control and Prevention

KEMRI Campus, Mbagathi Road, off Mbagathi Way

P.O. Box 606-061 Village market, Nairobi-Kenya

Telephone: +254-20-2867000

E-mail: stheroux@ke.cdc.gov

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

Kenya Anderson, Grants Management Specialist

Department of Health and Human Services

CDC Procurement and Grants Office

2920 Brandywine Road, MS: K-75

Atlanta, GA 30341

Telephone: 770-488-2487

E-mail: KAnderson4@cdc.gov

For assistance with **submission difficulties (also see page 33)**, contact Grants.gov:

Contact Center Phone: 1-800-518-4726

E-mail: support@grants.gov

Hours of Operation: 24 hours a day, 7 days a week. Closed on federal holidays.

For **application submission** questions, contact:

Technical Information Management Section

Department of Health and Human Services

CDC Procurement and Grants Office

2920 Brandywine Road, MS E-14

Atlanta, GA 30341

Telephone: 770-488-2700

Email: pgotim@cdc.gov

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

TTY 1-888-232-6348

Other Information

Other CDC funding opportunity announcements can be found on Grants.gov Web site,

Internet address: <http://www.grants.gov>.

Appendix 1: List of Imperative Sites by District and Region

Region 1:

- ***Nyeri District: Bellevue, Endarasha Health Center, Gichichie Health Center, Gichira, Karaba Health Center, Karatina Sub District Hospital, Mt. Kenya Sub District Hospital, Mukurweini Sub District Hospital, Naromoru Health Center, Nyeri Provincial General Hospital, Othaya Sub District Hospital, Thangathi, Wamagana Health Center, Warazo***
- ***Nyandarua District: Engineer District Hospital,***

*Kasuku Health Center, Njambini Health Center,
Nyahururu District Hospital, OIkalou SubDistrict
Hospital*

- *Kirinyaga District: Kagumo Health Center,
Kerugoya District Hospital, Kianyaga Health
Center, Kimbimbi Health Center, Sagana Health
Center*

Region 2:

- *Kiambu District: Karuri Health Center, Kiambu
District Hospital, Kigumo Health Center*
- *Muranga District: Kangema Health Center,
Kihoya Health Center, Kiria Health Center,
Kirogo Health Center, Mugeka Health Center,
Muranga District Hospital, Muriranjias Sub
District Hospital, Nyakianga Health Center*
- *Thika District: Gachege Health Center, Gakoe
Health Center, Gatundu District Hospital, Gatura
Health Center, Gitare Health Center, Igegania
Health Center, Jomo Kenyatta University of
Agriculture and Technology Hospital, Juja farm,
Karatu Health Center, Kiandutu, Kirwara Health
Center, Mitubiri Health Center, Ngenda Health
Center, Ngorongo Health Center, Ruiru Health*

Center, Thika District Hospital