

AMENDMENT III (4/13/2011):

1. **Pages 2 and 47: Application deadline extended:** April 20, 2011, 5:00pm U.S. Eastern Standard Time

AMENDMENT II (3/30/2011):

2. **Page 39: Language change:** *The Transition Plan must be submitted in the following format:*
 - *Maximum number of pages: 20 (If your transition plan 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; and*
 - *Number all pages of the transition plan sequentially from page one (Transition Plan Face Page) to the end of the application, including charts, figures, tables, and appendices.*
3. **Pge 41:** *The letters of support requirement has changed from 5 to 6*
4. **Pages 70-74:** *Questions and Answers*

AMENDMENT I (03/11/2011):

1. **Pages 69-70:** *Questions and Answers*

Centers for Disease Control and Prevention (CDC)

Technical Assistance for the Continued Sustainable Provision of Comprehensive Quality HIV/AIDS Services in the Federal Democratic Republic of Ethiopia under the President's Emergency Plan for AIDS Relief (PEPFAR)

I. AUTHORIZATION AND INTENT

Announcement Type: New

Funding Opportunity Number: CDC-RFA-GH11-1105

Catalog of Federal Domestic Assistance Number: 93.067

Key Dates:

Application Deadline Date: April 20, 2011, 5:00pm U.S. 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 continue the provision of HIV/AIDS Prevention, Care, & Support, and Treatment services that have been initiated under the PEPFAR-funded HHS/CDC and HHS/HRSA HIV clinical services and antiretroviral treatment programs in health facilities in **Oromiya, Harai, and Somalia Regional States and the Dire Dawa City Administration** of the Federal Democratic Republic of Ethiopia and to facilitate transition through the provision of technical and capacity development support to Ethiopian organizations that will have responsibility for implementing HIV prevention, care and support, and treatment activities. This transition needs to occur while sustaining and continuing to scale up care and treatment services for people living with HIV (PLHIV) without life-threatening disruptions of services. Ethiopian organizations may include any of the following entities: federal or regional government; local universities; and nongovernmental organizations.

The purpose of this program is to:

1. Maintain HIV prevention, care and support, and treatment services in Ethiopia and for non-indigenous partners to partner with one or more indigenous organization to support capacity development to incrementally assume greater autonomy for implementation of PEPFAR and global scale up goals.
2. Strengthen the capacity of the health care system at the federal, regional and facility level in Ethiopia in order to sustainably plan, manage, and support the provision of HIV services, including: human resources, training, supervision, financial management, quality improvement, laboratory, commodities, and infrastructure, maintenance, and commodity support.

3. Provide quality comprehensive, sustainable prevention, care, and support services to Ethiopia.
4. Create and build capacity of indigenous technical assistance prime partners to provide focused technical assistance to the government of Ethiopia for a broad range of comprehensive HIV related clinical services provided at different/varying levels of service delivery.
5. Build capacity of local GOs, NGOs and community based organizations to successfully compete for funds, as prime partners from donor agencies including the USG for the purposes of implementing adherence support and community care program activities.
6. Partners receiving HHS/CDC funding must place a clear emphasis on developing local indigenous capacity to deliver HIV/AIDS related services to the Ethiopian population and must also coordinate with activities supported by Ethiopian, international or USG agencies to avoid duplication.
7. Partners receiving HHS/CDC funding must collaborate across program areas whenever appropriate or necessary to improve service delivery.

Because this award seeks to support the continuation of existing services, applications are required to address the full range of services to be provided and cover all regional states identified above (**Oromyia, Dira Dawa, Harari and Somalia**).

However, in accordance with CDC's substantial involvement in this cooperative agreement (as described in "CDC Activities" below), successful applicants will be required to consult with the in-country CDC office when selecting service-delivery sites

to ensure effective coordination between identified awardees and existing implementers. As such, applicants are strongly encouraged to submit proposals that are amenable to adjustment—if necessary—to accommodate on-the-ground realities.

The grantee will provide technical assistance and support to Ethiopian government and/or non-government organizations in order to build local capacity and ensure sustainability within these organizations to manage quality HIV programs within their geographic areas of program implementation. Services should be delivered in a manner that is consistent with national plans and policies.

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

Part A: Service Delivery and Capacity Building Outcomes:

Prevention:

1. Prevention of Mother to Child Transmission (PMTCT):

- a. 70 direct support outlets that provide at least the minimum package of PMTCT services. The majority of the service outlets are expected to serve as part of a large network of PMTCT service sites that include sites with and without direct PEPFAR support;
- b. 300,000 pregnant women will be tested for HIV, provided counseling and receive their results through direct activities;

- c. 500 HIV positive pregnant women will receive a complete course of antiretroviral (ARV) prophylaxis according to national guidelines includes highly active antiretroviral therapy for eligible women;
- d. 1500 health care workers will be trained to provide the minimum package of PMTCT services according to national and international standards. To improve the reach of quality PMTCT service provision beyond sites that are supported directly by PEPFAR, a subset of these individuals will be PMTCT providers at the sites that do not receive direct PEPFAR support for service delivery directly by PEPFAR;
- e. 90% uptake of counseling and testing among all pregnant women and all maternity clients in a given region where grantee has activities;
- f. Provision of ARVs to 90% of HIV-infected pregnant women to reduce the risk of mother to child transmission in a given region where grantee has activities; and
- g. Provision of ARVs to 90% of HIV exposed infants to reduce the risk of MTCT in labor and delivery settings in a given region where grantee has activities.

2. Abstinence and being faithful, Condom Programs and Other Means

- a. 64 condom service outlets;
- b. 1000 individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful; and

- c. 8000 persons who are considered Most at Risk Populations (MARP) reached with individual and/or small group level interventions that are based on evidence- based and/or meet the minimum standards.

3. HIV Testing and Counseling

- a. 80 service outlets providing counseling and testing according to national or international standards;
- b. 200,000 individuals received counseling and testing for HIV and received their results, disaggregated by sex and age; and
- c. 250 individuals trained in counseling and testing according to national or international standards.

4. Basic Care and Support for adults

- a. 70 service outlets providing HIV-related palliative care (excluding TB/HIV);
- b. 90,000 individuals provided with HIV-related palliative care (excluding TB/HIV);
- c. 900 individuals trained to provide HIV palliative care (excluding TB/HIV);
- d. 81,000 HIV infected persons receive cotrimoxazole prophylaxis in the region where grantee has activities;
- e. 90 % infants born to HIV positive women who received an HIV test within 12 months;
- f. 75 % children <18 months born to HIV positive pregnant women who are started on cotrimoxazole prophylaxis within two months of birth; and

- g. 90,000 HIV infected people will receive nutrition services (Nutrition Assessment & Counseling Support), and food if eligible.

5. Adult treatment

- a. 70 service outlets receiving support in the provision of antiretroviral therapy including PMTCT Plus sites;
- b. 10,000 individuals newly initiating antiretroviral therapy during the reporting period including those PMTCT plus sites;
- c. A cumulative total of 80,000 individuals will have received antiretroviral therapy by the end of the reporting period including those at PMTCT plus sites;
- d. 400 health workers trained to deliver ART services, according to national and/or international standards including those at PMTCT plus sites;
- e. 70 % individuals ever started on treatment receiving ART at the end of the reporting period in a given region where grantee has activities;
- f. Five % individuals currently on 2nd line treatment regimen in a given region where grantee has activities

6. Pediatric Care and Support

- Four trainings on pediatric care and treatment for health care workers conducted each year in a given region where grantee has activities

7. Pediatric Treatment

- 10 % of individuals newly enrolled on ART are children less than 15 years of age in a given a region;

8. Tuberculosis/ HIV

- a. 70 service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) according to national or international standards;
- b. 80% of all HIV infected individuals currently enrolled to care (both ART and pre-ART patients) screened for TB;
- c. 1600 HIV-infected clients attending HIV care/treatment services started on TB treatment;
- d. 80% of eligible patients currently enrolled to care (both ART and pre-ART patients) receive INH Preventive Therapy (IPT);
- e. 100% of TB/HIV co-infected patients will receive Co-trimoxazole Prophylactic Treatment (CPT);
- f. 200 individuals trained to provide tuberculosis (TB) treatment to HIV-infected individuals (diagnosed or presumed) according to national or international standards; and
- g. 9000 TB patients who received HIV counseling and testing, and had an HIV test result recorded in the TB register.

9. Laboratory Services

- a. 75 labs with capacity to perform HIV tests and CD4 tests or lymphocyte tests;
- b. 250 health workers trained in the provision of laboratory-related activities;
and
- c. 25% of laboratories accredited according to national and/or international standards in the regions where the grantee has activities.

10. Strategic Information

- a. 80 local organizations that will be provided with technical assistance for strategic information activities;
- b. 1150 individuals who will be trained in strategic information including monitoring and evaluation, surveillance, and/or health management information systems;
- c. 100% of supported care and treatment sites that have a functional and sustainable patient monitoring system; and
- d. 100% of supported care and treatment sites with high data quality in key ART indicators (as demonstrated on formal data quality assessment).

11. Health System Strengthening (HSS)

- a. 100% of supported care and treatment facilities have implemented a quality management system to sustain and improve quality of care; and
- b. 100% of supported care and treatment facilities receive supportive supervision visits at least twice in last 12 months.

12. Human Resources for Health (HRH)

- a. 1,750 new health care workers (doctors, nurses, midwives) graduated from a pre-service training institution and
- b. 3,000 health care workers successfully completed an in-service training program.

Part B: Transition Plan Outcomes:

Transition plan outcomes and progress will be evaluated through the progress reports and continuation applications.

1. Number of Ethiopian government and non-government organizations provided with technical assistance and support in order to build their capacity and ensure sustainability within these organizations to manage quality HIV programs within their geographic areas of program implementation: Up to ten Ethiopian organizations and/or government units;
2. Submission of an annual operational plan demonstrating transition of organizational and technical functions/services of program activities to local partners and/or government units: one plan per year;
3. Demonstrate validated capacity improvement (pre and post capacity-building support) to indigenous organizations and/or government units (FMOH, Regional Health Bureaus) through for example, but not limited to, documented improvement in planning, human resource, financial management, performance management, technical implementation and support systems): 100% of supported Ethiopian organizations and/or government units. (see above under first Transition plan outcome measure);
4. Proportion of program activities or technical functions previously the responsibility of the international partner that are verifiably transitioned to sustainable implementation by a local partner and or government units: at least 10% per year; and
5. Number of grants applications submitted by local NGO and/or government entities to conduct program activities previously implemented by international organization: at least one.

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 Ethiopian population and must also coordinate with activities supported by Ethiopian, 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.

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 Federal Republic of Ethiopia. The grantee will produce an annual operational plan, which the U.S. Government Emergency Plan team on the ground in the Federal Republic of Ethiopia 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:

Part A: Service Delivery and Capacity Building Activities:

Prevention

1. Prevention of Mother to Child Transmission (PMTCT)

- Provision of prevention of mother-to-child transmission of HIV (PMTCT) services aimed at preventing mother-to-child HIV transmission, through confidential and routine counseling and testing; education; and distribution of ARV prophylaxis; infant feeding; routine counseling, and nutritional support; Integration of PMTCT with maternal & child health services and early infant diagnosis (EID) for children born to HIV positive women.

2. Abstinence and being faithful, Condom Programs and Other Means

- a. Provision and implementation of prevention through education on abstinence among in and out of school youths, and fidelity among married couples and those in monogamous relationships;
- b. Support STI diagnosis, treatment, management messages/programs to reduce injecting drug use, and messages/programs to reduce other health risks of persons engaged in high-risk behaviors in tandem with abstinence and be faithful behavior change interventions;
- c. Provision of blood safety activities through supporting a nationally-coordinated blood program to ensure a safe and adequate blood supply; and
- d. Provision and implementation of targeted interventions among high-risk groups [Men having sex with men (MSM), female sex workers (FSW), transport workers (TW), uniformed servicemen, injecting drug users (IDU's), prison population and such other vulnerable populations as would be identified]. Activities should be designed to achieve clear behavior change objectives, address social norms and structural barriers to

prevention, and use biomedical interventions relevant to the population and setting.

3. HIV Testing and Counseling

- Provision of Testing and Counseling to achieve prevention objectives through provider initiated HIV testing and counseling (PITC) in health facilities; couples HIV counseling and testing (CHCT); community-based services; and including mobile and home-based CT services, quality assurance and proficiency systems within CT program.

4. Basic care and support for adults

- a. Provide facility-based and home/community-based activities through provision of clinical, psychological, spiritual, social, and prevention services;
- b. Provision of clinical care services such as prevention and treatment of OIs and other HIV/AIDS-related complications including malaria and diarrhea (i.e. providing access to commodities such as pharmaceuticals, insecticide-treated nets, safe water interventions and related laboratory services), prevention of cervical cancer, pain and symptom relief, and nutritional assessment and support, including food;
- c. Provision of psychological and spiritual support, which may include mental health issues, group and individual counseling and culturally-appropriate end-of-life care and bereavement services. Provision of social support may include vocational training, income-generating activities, social and legal protection, and training and support of caregivers.

Prevention services may also include “prevention with positives” (PwP), behavioral counseling and testing of family members; and

- d. Provide clinical monitoring of management of opportunistic infections.

5. Adult treatment

- a. Expand the number of health care facilities/sites providing basic health care and ART to HIV-infected people;
- b. Increase the number of health care workers trained to deliver HIV-related clinical services and/or ART provision;
- c. Increase the numbers of individuals provided with HIV-related basic health care services (including improving the prevention, diagnosis, and clinical management services for HIV/AIDS, sexually transmitted diseases [STDs]) and related opportunistic infections [OI], e.g., TB);
- d. Increase the number of patients newly initiating ART at supported health care facilities/sites;
- e. Increase the total number of patients currently receiving ART at each health facility/site;
- f. Increase the total number of HIV service points with active monitoring and evaluation and quality improvement programs;
- g. Ensure the availability of post exposure prophylaxis services for occupational and non-occupational exposure;

- h. Support ARV treatment for HIV patients. Treatment cost, covered may include infrastructure, training clinicians and other providers, exams, clinical monitoring, related laboratory services and community-adherence activities. Clinical monitoring and management of opportunistic infections is classified under basic care and support (palliative care), TB-HIV, or OVC for pediatric palliative care. Programs must address demand generation, participation in the national network of care and treatment, and address issues such as appropriate usage of second line drugs; and
- i. Provide infrastructure, maintenance, training clinicians and other providers, exams, clinical monitoring and management of opportunistic infections, related laboratory services, and community-adherence activities.

6. Pediatric Care and Support

- a. Continuation of ongoing health facility-based and community based care for HIV-exposed and infected children aimed at extending and optimizing quality of life for HIV-infected clients and their families throughout the continuum of illness through provision of clinical, psychological, spiritual, social, and prevention services;
- b. Provision of clinical care, which may include early infant diagnosis, prevention and treatment of OIs and other HIV/AIDS-related complications including malaria and diarrhea (i.e. providing access to commodities such as pharmaceuticals, insecticide treated nets, safe water

interventions and related laboratory services), pain and symptom relief, and nutritional assessment and support including food; and

- c. Provision of other services, including psychological, social, spiritual and prevention services.

7. Pediatric Treatment

- a. Continue to provide integrated and holistic support to HIV/AIDS affected and infected children (0-17) through family centered approach;
- b. Provide continued support of facility infrastructure and maintenance of facilities to provide ART services;
- c. Provide support for the training of clinicians and other providers;
- d. Provide clinical monitoring of management of opportunistic infections;
- e. Provide related laboratory services; and
- f. Provide community adherence programs.

8. Tuberculosis/HIV

- a. Provide routine TB screening of HIV clients, TB diagnosis and management for clients with active TB, or actively link clients to comprehensive HIV/TB care and treatment, in collaboration with specialized TB clinics, which follow national TB-treatment guidelines;
- b. Improve community support and clinical services for persons living with HIV and TB and their families;
- c. Promote TB/HIV information and literature for communities to improve knowledge on TB and reduce TB/ HIV-related stigma; and

- d. Provide exams for tuberculosis, clinical monitoring, related laboratory services, treatment and prevention of tuberculosis in HIV basic health care settings including pharmaceuticals, screening and referral for HIV testing of active tuberculosis patients with unknown HIV status in settings such as directly observed therapy sites (DOTS) and clinical care related to TB clinical settings.

9. Laboratory Infrastructure

- a. Continued strengthening of laboratory systems and facilities to support HIV/AIDS-related activities and provision of quality assurance, staff training and other technical assistance; and
- b. On-going reinforcement of local referral networks both within and among implementing partners. Patient and specimen referral networks should be harmonized such that they reflect a continuity of care and are responsive to the needs of clinical decision making. These local networks should provide and emphasize the support structures for a country's national network of tiered laboratory services, and an efficient mechanism for referral of complex testing and validation of new technologies or testing algorithms.

10. Strategic Information (including Monitoring and Evaluation)

- a. Support of the implementation of and/or building capacity to implement HIV/AIDS behavioral and biological surveillance, facility surveys, monitoring results, reporting results, and supporting health information systems; and

- b. Assisting Ethiopia to establish and/or strengthen such systems, and related analyses and data dissemination activities.

11. Health System Strengthening

- Support and build capacity of systems at federal and/or regional levels to mentor staff to implement a continuous quality improvement program at federal, regional, and facility levels to use their data to improve patient outcomes. Support development and implementation of federal and regional quality improvement strategies, including establishing and managing Continuous Quality Improvement (CQI) priorities, convening regional QI meetings, leading annual QI planning and implementation processes, and monitoring implementation. Ensure adequate routine supportive supervision systems to supervise staff in the above activities: data capturing, implementation of a CQI program, etc.

12. Human Resources for Health (HRH):

- a. Strengthen the capacity of regional health bureaus and support implementation of HR planning and management of national HRH plans, focusing at the regional government level;
- b. Support the rollout of Health Resources Information System (HRIS) and promote the use of HRH data for decision-making at regional level;
- c. Develop pre-service education for health-related professionals, paraprofessionals and community health workers and work in collaboration with regional universities; and

- d. Support the establishment of an evidence-based HRH system through program monitoring and evaluation.

Part B: Transition Plan:

Overall activities in this award must strengthen the capacity of health care system in Ethiopia to provide high-quality comprehensive health services to the Ethiopian population in line with government strategies and policies and the overarching United States Government (USG) global health goals outlined in the Global Health Initiative (GHI). The grantee must demonstrate the ability to strengthen and transition capacity to local organizations that can provide sustainable prevention, diagnostic, treatment, care, and support services in the regions it supports in Ethiopia. The recipients should develop the capacity of local organizations and/or government units responsible for the programmatic oversight and implementation of facility-based HIV/AIDS interventions in the country, this may include the registration of new NGO, if appropriate, and also improve the scale and quality of these interventions.

Activities may include, but are not limited, to the following:

1. Needs Assessment
 - a. Coordinate with HHS/CDC, Federal Ministry of Health, Regional Health Bureaus, and local partners in the respective regions to develop a prioritized capacity needs assessment. Identify and create a customized response to on-going needs of the local NGO and/or government structures (i.e. Regional Health Bureaus), using participatory approaches, in order to create an environment for the long-term adoption of new skills

that are tailored to the specific needs of the organization taking into consideration the local environment, organizational maturity, financial absorption capacity, level of technical expertise and services offered. This may include register a new local NGO, if appropriate; and

- b. Develop an operational plan to implement transition of organizational and technical functions of program activities under this agreement to local partners and/or government units (Federal Ministry of Health and Regional Health Bureaus) within the terms of this contract.

2. Technical and Programmatic Support

- Build the capacity of local partners to enable them to continue and expand comprehensive high quality HIV prevention, care and antiretroviral treatment (ART) programs to respond to the epidemic. Capacity building may include provision of technical assistance, training, and technology transfer, as needed, to improve the delivery and effectiveness of HIV service delivery with evidence-based strategies, program planning, and monitoring and evaluation. This may include, for example, strategic planning for HIV services, supporting specific pre-service or in-service training sessions, quality improvement, and laboratory services. Technical assistance should support local organizations to build on and complement the current national response in Ethiopia as well as to build a sustainable training model for provision of ongoing support to facility and Regional Health Bureaus.

3. Operational Support

- Provide operational support in administrative and financial management, human resource management (staff retention), and resource management (information and equipment) to ensure local partners and government entities are able to carry-out their own mission. This may include, but is not limited to: 1) providing support for the development of human resource systems that allow for appropriate recruitment, retention and training for all cadre of health professionals working in the program; 2) technology transfer and/or training to improve data management systems; 3) improving all organizational management and program systems; and 4) developing long-term financial plans for self-sufficiency including providing grants proposal writing training to local NGOs and government entities to allow them to directly compete for and be awarded funds to conduct comprehensive HIV program activities, and 5) strengthening organizational performance management and internal monitoring and evaluation systems.

4. Health System Strengthening

- Work collaboratively with the Federal Ministry of Health,, and the Regional Health Bureaus in the respective regions in Ethiopia to assess health system capacity development needs, prioritize areas for capacity-building support, develop performance measures for capacity-building support, and provide creative solutions to address priority development needs and fill gaps in the system to ensure long-term sustainability and local leadership of HIV services. Work with local partners to ensure adequate systems within the Ethiopian national, regional, and local health authorities to sustainably plan,

manage and support HIV service delivery, workforce capacity and development, health information systems, financing, leadership and governance, and quality improvement systems. This may include, for example, strategic planning for HIV services, supporting specific pre-service or in-service training sessions, human resource support, improvement to data systems, quality improvement, supporting equipment and infrastructure, laboratory services, and managing health service financing and other resources.

Collaborate with existing partners, currently charged with developing quality improvement (QI) programs, to ensure that CQI have been established at the respective levels of the health system.

In a cooperative agreement, CDC staff is substantially involved in the program activities, above and beyond routine grant monitoring.

CDC Activities:

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

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

1. Organize an orientation meeting with the grantee 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. Grantee participation in orientation and other HHS/CDC organized activities/meetings is mandatory, and will usually include at least one programmatic person and one fiscal person from the grantee organization.
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 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 quarterly basis with the grantee to assess quarterly technical and financial progress reports and modify plans as necessary.

6. 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.
7. 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.
8. 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).
9. 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.
10. 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.
11. Assist the grantee in developing and implementing quality-assurance criteria and procedures.

12. Facilitate in-country planning and review meetings for technical assistance activities.
13. Provide technical oversight for all activities under this award.
14. Provide ethical reviews, as necessary, for evaluation activities, including from HHS/CDC headquarters.
15. Supply the grantee with protocols for related evaluations.
16. Initiation and/or development of Public Health Evaluations (PHE), Program Evaluations (PE), assessments and related research activities.
17. Review and approval of research protocols or relevant analytical approaches.
18. Training project staff in participating organizations in research ethics and other related areas.
19. Participate in the presentation of research results, including co-authorship of papers.
20. Provide systematic guidance to the grantee on programmatic implementation.
21. Ensure optimal coordination of program activities in collaboration with national and regional local governmental institutions, and other agencies, partners and stakeholders.
22. Conduct regular partners' forums to address standing and emerging agenda on program implementation at all levels (national, regional, site).
23. Assist in developing, revising and updating of guidelines, protocols and algorithms as appropriate.
24. Assist in the development of training curriculum and manuals for trainers and providers.

25. Support and collaborate for the development of relevant education and information materials and tools for providers, clients, specific target groups and the general population.
26. Provide supportive site supervision to care and treatment providing facilities, and respective regional health bureau to identify challenges, gaps and opportunities for program implementation, and support as appropriate.
27. Provide training and mentoring to the care and treatment sites, regions and other relevant bodies in specific identified areas, and where and when gaps exist.
28. Undertake renovation and/or construction of health facilities that provide care and treatment services to ensure integrated, quality service delivery.
29. The in-country CDC office will work with the awardee to facilitate the coordination of services with other CDC-funded implementers, the USG-PEPFAR team, FMOH, the respective Regional Health Bureaus , and Local government entities operating in the geographic and service-delivery areas identified in this award as necessary to ensure maximum programmatic efficiencies.

Please note: Either HHS staff or staff from organizations that have successfully competed for funding under a separate HHS contract, cooperative agreement or grant will provide technical assistance and training.

III. AWARD INFORMATION AND REQUIREMENTS

Type of Award: Cooperative Agreement.

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

Fiscal Year Funds: FY 2011

Approximate Current Fiscal Year Funding: \$10,000,000

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: Up to three

Approximate Average Award: \$3,333,333 (This amount is for the first 12 month budget period, and includes direct costs for international organizations or direct and indirect costs for domestic grantees.)

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:

- Nonprofit with 501C3 IRS status (other than institution of higher education)
- Nonprofit without 501C3 IRS status (other than institution of higher education)

- For-profit organizations (other than small business)
- Small, minority, and women-owned businesses
- Universities
- Colleges
- Research institutions
- Hospitals
- Community-based organizations
- Faith-based organizations
- Federally recognized or state-recognized American Indian/Alaska Native tribal governments
- 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)
- Non-domestic (non-U.S.) entity
- Other (specify)

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.

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.

To avoid overlapping of required activities by CDC and USAID and the mandate from OGAC to avoid duplication of resources programmed by different USG agencies to the same implementing organization for the same purposes, CDC will not fund any organization already funded by USAID for the activities supported by this solicitation in the targeted geographic area of (**Oromiya, Dire Dawa, Harai, and Somalia Regional States**).

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.
- Applications are required to address all program areas and states identified in the “Purpose” section of this FOA. In addition, applicants are required to respond to both “Part A: Service Delivery and Capacity Building” and “Part B: Transition Plan” of the

FOA. Applications that fail to comply with these requirements will be considered non-responsive.

- 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: 40 in Part A-“Service Delivery and Capacity Building Activities” and maximum number of pages: 20 in Part B-“Transition Plan” (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);
- *Management of Project Funds and Reporting;* and

A Transition Plan: The Transition Plan must be submitted in a PDF format when submitting via www.Grants.gov. *The Transition Plan must be submitted in the following format:*

- *Maximum number of pages: 20 (If your transition plan 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; and*
- *Number all pages of the transition plan sequentially from page one (Transition Plan Face Page) to the end of the application, including charts, figures, tables, and appendices.*

The Transition Plan must focus on increasing the potential for the transition of awardee service-provision activities to the Government of Ethiopia and/ or to local universities, local NGO's and private institutions, as may be necessary, at the end of the project period and address the following issues:

- ✓ Knowledge sharing and capacity development in support of Federal, Regional and Wereda (District) level Ethiopian institutions, including government, local universities, local NGO's, and private institutions with a focus on increasing the ability of these Ethiopian institutions to manage and coordinate the provision of HIV services. Awardees may facilitate this by, for example, sub-partnering or directly engaging and/or closely coordinating with appropriate Federal, Regional and Wereda (District) government entities, local universities, local NGO's to support management, logistics, and coordination activities at the facility level.
- ✓ Support for the Ethiopia-led initiative to decentralize HIV services to Primary Health Centers.
- ✓ Strengthened referral and reporting networks with other communities.

Additional information may be included in the application appendices. The appendices will not be counted toward the narrative page limit. **The total amount of appendices must not exceed 80 pages and can only contain information related to the following:**

- ***Project Budget Justification:***

With staffing breakdown and justification, provide a line item budget and a narrative with justification for all requested costs. Be sure to include, if any, in-

kind support or other contributions provided by the national government and its donors as part of the total project, but for which the applicant is not requesting funding.

Budgets must be consistent with the purpose, objectives of the Emergency Plan and the program activities listed in this announcement and must include the following: line item breakdown and justification for all personnel, i.e., name, position title, annual salary, percentage of time and effort, and amount requested.

The recommended guidance for completing a detailed budget justification can be found on the HHS/CDC Web site, at the following Internet address:

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

For each contract, list the following: (1) name of proposed contractor; (2) breakdown and justification for estimated costs; (3) description and scope of activities the contractor will perform; (4) period of performance; (5) method of contractor selection (e.g., competitive solicitation); and (6) methods of accountability. Applicants should, to the greatest extent possible, employ transparent and open competitive processes to choose contractors;

- ***Curricula vitae*** of current key staff who will work on the activity;
- ***Job descriptions*** of proposed key positions to be created for the activity;
- ***Applicant's Corporate Capability Statement***;
- ***Letters of Support*** (6 letters maximum);

- Must include letters of support from the Federal Ministry of Health of Ethiopia, the respective Regional Health Bureaus, and Association of People Living with HIV.
- ***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 made available to CDC for processing from Grants.gov on the deadline date.

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 to document submission and initiate the electronic validation process before the application is made available to CDC for processing.

If the applicant encounters technical difficulties with Grants.gov, the applicant should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7 days a week. The Contact Center provides customer service to the applicant community. The extended hours will provide applicants support around the clock, ensuring the best possible customer service is received any time it's needed. You can reach the Grants.gov Support Center at 1-800-518-4726 or by email at support@grants.gov. 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.

Application Deadline Date: April 20, 2011, 5:00pm U.S. Eastern Standard Time

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

Part A: Service Delivery and Capacity Building 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 Ethiopia and institutional capacity (both management and technical) to achieve the goals of the project with documented good governance practices? (10 points) 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 President's Emergency Plan, including the U.S. Agency for International Development? (5 points) Does the applicant have the capacity to reach rural and other underserved populations in Ethiopia? Does the organization have the ability to target audiences that frequently fall outside the reach of the traditional media, and in local languages? To what extent does the applicant provide letters of support? (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? (7 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? (3 points)

Does the applicant describe activities that are evidence based, realistic, achievable, measurable and culturally appropriate to achieve the goals of the President's Emergency Plan? Does the application propose to build on and complement the current national response in with evidence-based strategies designed to reach underserved populations and meet the goals of the President's Emergency Plan? Does the application include reasonable estimates of outcome targets? (5 points) (For example, the numbers of sites to be supported, number of clients the program will reach.) To what extent does the applicant propose to work with other organizations? (5 points) 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 have a proven track record of building the capacity of indigenous organizations and individuals? (5 points) 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? (5 points) 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" targets of the President's 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 decentralized response? (5 points)

Monitoring and Evaluation (15 points):

Does the applicant demonstrate the local experience and capability to implement rigorous monitoring and evaluation of the project? (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? (5 points) 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"? (5 points)

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 national HIV/AIDS response 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 President's Emergency Plan? To what extent does the applicant justify the need for this program within the target community?

Personnel (10 points):

Does the organization employ staff fluent in local languages who will work on this project? Are the staff roles clearly defined? As described, will the staff be sufficient to meet the goals of the proposed project? 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, especially confidential, voluntary counseling and testing; 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? If appropriate, does the applicant have a proven track record in managing large laboratory budgets; running transparent and competitive procurement processes; supervising consultants and contractors; using subgrants or other

systems of sharing resources with community based organizations, faith based organizations or smaller non-governmental organizations; and providing technical assistance in laboratory or pharmacy management? 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?

Part B: Transition Plan Evaluation Criteria (should equal 100 points):

Eligible applications will be evaluated against the following criteria:

Ability to Carry Out Transition (30 points)

Does the grantee demonstrate the ability to strengthen local organizations and host government's capacity to provide quality HIV/AIDS program services, manage its program more effectively and improve sustainability? Does the grantee have a proven track record of training regional officials and local partner staff, and of strengthening the technical and institutional processes and systems of the Federal Ministry of Health, Regional Health Bureaus and local partners. Are specific examples of sustainably transitioning of HIV/ART program functions and funding by the grantee provided? Does the grantee demonstrate the capability to develop an operational plan to implement

transition of organizational and technical functions of program activities to local partners (including the FMOH and Regional Health Bureaus)? Does the grantee demonstrate experience in establishing formalized capacity-building relationships with local partners and government units with memorandums of understanding and/or sub-grant approaches that clearly define the partnership and plans for increased fiscal and programmatic responsibility?

Technical and Programmatic Approach (25 points)

Does the grantee provide a clear plan to transfer expertise into government structures and/or local NGOs by training, mentoring, building capacity, and ensuring improved technical and administrative program management systems of selected HIV/AIDS care, support and treatment organizations? Is clear priority given to supporting national health system governmental structures, where possible and appropriate, including national, regional and district health systems? Does the plan seem adequate to progressively build the capacity of governmental structures and local organizations to independently plan, manage and implement HIV/AIDS prevention, care and support and treatment programs by the of end of the project? Are the specific capacities needed to sustainably transition responsibility of HIV/AIDS programs defined? Do capacity building activities increase local NGOs ability to carry-out their own mission, as well as to strengthen the capacity of government structures? Does this plan build operational, institutional and technical capacity in a holistic and comprehensive nature in order to ensure successful transition of activities to local partners and governmental structures? Does the grantee propose to use a participatory approach to identify and create a customized response to on-going needs

of the local NGO and/or government structures in order to create an environment for the long-term adoption of new skills? Does the applicant plan to tailor activities to local environment, organizational maturity, financial absorption capacity, level of technical expertise and services offered? Is the plan for progressive transition of fiscal and programmatic responsibility during the project period clearly defined with measurable benchmarks?

Monitoring and Evaluation (25 points)

Does the applicant demonstrate the local experience and capability to implement rigorous monitoring and evaluation of the transition activities? Does the plan include specific output and outcome indicators for each milestone and have realistic targets in line with the targets addressed in the transition measureable outcomes section of this announcement. Is the plan to measure outcomes of the intervention, and the manner in which they will be provided, adequate? Does the applicant describe a system for reviewing and adjusting transition activities based on monitoring information obtained by using innovative, participatory methods and standard approaches?

Administration and Management: (20 points)

Does the applicant provide a clear plan for the administration and management of the proposed transition activities? As described, will the staff be sufficient to transition HIV service activities to local NGOs and/or government institutions by the end of the project? Are staff involved in this project qualified to perform the tasks described? Is the management structure for the project sufficient to ensure speedy implementation of the project? Does the applicant have a proven track record in providing technical assistance

to local partners and MOH units? Are appropriate experienced program partners with the diverse program and managerial expertise needed to implement the program proposed in all program areas needed for transition? 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?

Funding Preference (20 points):

- Preference will be given to applicants experienced in working in all targeted regions (Oromiya, Harari and Somalia Regional States and Dira Dawa City Administration); they will receive an additional 5 points in the evaluation criteria “Ability to Carry Out the Proposal” of the Part A “Service Delivery and Capacity Building” in addition to the 20 points available.

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.
- Awardees may not generally use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. Any such proposed spending must be identified in the budget.
- 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 #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 Ethiopia. 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.

The following factors may affect the funding decision:

- Funding preference will be given to applicants experienced in working in all targeted regions (Oromiya, Harari and Somalia Regional States and Dira Dawa

City Administration); they will receive an additional 5 points in the evaluation criteria “Ability to Carry Out the Proposal” of the Part A “Service Delivery and Capacity Building” in addition to the 20 points available.

- Applicants must score a minimum of 70 points in Part A “Service Delivery and Capacity Building Activities” and a minimum of 70 points in Part B “Transition Plan” of this FOA in order to be considered for funding.

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-13 Prohibition on Use of CDC Funds for Certain Gun Control Activities
- 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

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. Indirect Cost Rate Agreement.
 - e. Project Narrative.
 - f. Activities and Objectives for the Current Budget Period;
 - g. Financial Progress for the Current Budget Period;
 - h. Proposed Activity and Objectives for the New Budget Period Program;
 - i. Budget;

- j. Measures of Effectiveness, including progress against the numerical goals of the President's Emergency Plan for AIDS Relief for Ethiopia; and
- k. Additional Requested Information;

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

- 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.

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:

Julie Jenks, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
c/o US Embassy – Addis Ababa

P.O. Box 1014 Entoto Road

Addis Ababa, Ethiopia

Telephone: +251-1130-6148

E-mail: JenksJ@et.cdc.gov

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

Dana Dudley, Grants Management Specialist

Department of Health and Human Services

CDC Procurement and Grants Office

2920 Brandywine Road, MS: K-75

Atlanta, GA 30341

Telephone: 770-488-2069

E-mail: dadudley@cdc.gov

For **assistance with submission difficulties**, contact Grants.gov (see page 45):

Phone: 1-800-518-4726

Email: 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>.

Questions and Answers 3/11/11:

Question: Will region-specific applications be considered, or only applications that address all four regions indicated in the FOA?

Answer: Applicants are required to address the full range of services in all four regions indicated (Oromiya, Dira Dawa, Harari and Somalia) to be considered responsive to the FOA. Please reference Section I, Purpose (Page 5) and Section IV, Eligibility (Page 34) for specific requirements and eligibility criteria.

Question: Will applications be considered without letters of support?

Answer: Applications will be considered without letters of support. The inclusion of the letters of support, as referenced on page 40 of the FOA, will be considered as part of the evaluation criteria specified on page 47.

Questions and Answers 3/30/11:

Q: Are the set targets for one year or the entire five years for all the regions proposed?

A: Targets are for one year for all the regions included in the FOA.

Q: Are the set targets flexible for adjustment?

A: Applicants should address the targets as stated in the FOA.

Q: Site numbers: the RFA states 80 HCT sites and 70 ART sites. Are there any plans for site expansion or do we keep with the 80HCT/70 ART sites for the entire five years?

A: Application should be based on specifications in the FOA. The intent of the FOA is for continuation of the sites supported through track 1 partners, with the objective of transition – not expansion. However, subsequent to award, any specific expansion needs could potentially be discussed if requested by the RHB. This would need to be done in consultation with the RHB, CDC and other PEPFAR agencies.

Q: Could CDC provide data on current performance activities in the regions?

A: Targets presented in the FOA had been established based on current performance.

We expect that would be most useful in preparing the application. If additional data is required you may reference the attached document. We realize this does not provide the most current data and is specific to ART. If additional data is required we would recommend you contact Federal HAPCO.

Q: The FOA states that there should be one indigenous local partner to take over the responsibilities. Are we looking for transitioning 10% of our sites or 10% of the activities every year?

A: Please reference Page 12 for specific transition plan outcomes.

Q: Will the project finance Income Generating Activities (IGA) activities or use referral linkages to existing services?

A: Referral linkages should be used. This FOA is for facility based services, not community based which would encompass IGA.

Q: Could the role of implementing partner be clarified further in pre service training?

A: Providing facility and faculty support to local universities to improve the quality and quantity of health professionals, and integration of HIV/AIDS competencies into the medical curriculum in alignment with the Government of Ethiopia's Health Sector Development Programme (HSDP).

Q: On page 14, the RFA states the grantee will develop an annual operational plan, and follows with "the grantee may work on some of the activities in the first year and in subsequent years...". Does the implementation plan/work plan that reflects highlights of the five year activity part of the annex or the main document? If it needs to be included in the main document, do the pages count against the page limits?

A: The operational plan is referenced on pg 37, in the "Project Strategy" component of the Project Narrative which has a 40 page limit. The work plan is reference on pg 38 in the "Work Plan and ..." component of the Project Narrative and is included in the 40 page limit.

Q: Does the applicant budget for major capital purchases such as vehicles as part of the \$50M, or will these items transfer from the current implementing partner? If that is the case, could you provide the list of equipments to be transferred?

A: Applicants should budget for capital purchases they will require. Upon close-out of a cooperative agreement CDC works with the grantee upon disposition of property, which may include return to CDC, donation to the host Government, or other. So handover from the current partner should not be expected.

Q: On page 40, under "Project Budget Justification" the RFA states that "for each contract, list the following: (1) name of contractor; (2) breakdown and justification of estimated costs, etc. Does "contractor" here refer to potential partners who will support implementation or does it refer to something else? Please clarify.

A: This refers to any organization with which the applicant intends to contract for work to be conducted under this FOA.

Q: Do illustrative graphs and charts count against the page limit?

A: Graphs and charts count against the page limit if included in the project narrative, however they may also be included in the annexes.

Q: Is there a specific required template to reflect the performance management plan or "measures of effectiveness"? Does it count against the page limit?

A: There is not a specific template; applicants may express as they choose. Please reference the guidance on pages 36-38 which includes the structure and components to be addressed in the project narrative and within the 40 page limit.

Q: Should the administration and management plan be part of the main application or the annexes?

A: Refer to pages 36-38 for components to be addressed within the project narrative.

Q: Should the personnel plan be part of the main application or the annexes?

A: Personnel information to be included in the application is specific on pages 36-38.

Personnel information that should be included in the annexes is specified on pages 39-40.

Q: On page 38, under “A Transition Plan”, the RFA states “the transition plan should be formatted as described for the project narrative”. Could you clarify?

A: Please refer to the first 6 bullets under Project Narrative on Page 36, noting that the Transition Plan is limited to 20 pages which the Project Narrative is allowed 40. The subsequent bullets regarding the structure of the Project Narrative, starting on Pg 37 with “Project Context and Background” are in reference to the Project Narrative, not the Transition Plan.

Q: Page 7 (#2) Regarding ABC—can project choose which HIV prevention interventions to support based upon the specific context, or do all 3 components need to be provided in all program activities? Are there minimum target deliverables for this section?

A: Please reference text of Page 14 (Section II, Recipient activities) stating that “the grantee may work on some of the activities in the first year and in subsequent years, and then progressively add others from the list to achieve the goals cited in the previous section”. The previous section (Section I, Part A) provides the target deliverables for each category of activity.

Q: Does support for care and treatment facilities in Oromia include health centers or solely hospitals?

A: The intent of the FOA is for continuation of the sites supported through current track 1 support. The comment on Pages 5-6 that “successful applicants will be required to consult with the in-country CDC office when selecting service-delivery sites...” is stated with the intent of ensuring that support is maintained at currently supported sites. Subsequent to award, and continuation of support to sites supported under track 1, expansion could potentially be discussed if requested by the RHB. This would need discussion between RHB, CDC and other PEPFAR agencies.