

**This is Amendment II to funding opportunity announcement
CDC-RFA-GH11-1109 made on 5/14/2015**

Page 26 - The following figures have been amended under the “Award Information and Requirements” section:

Approximate Total Project Period Funding: \$150,000,000 (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 5 awards

Approximate Average Award: \$30,000,000 (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.)

**This is Amendment I to funding opportunity announcement
CDC-RFA-GH11-1109 made on 2/25/2011**

Page 55 - The following language has been added under the “Applications Selection Process” section:

In addition the following factors may affect the funding decision:

- The on-going regionalization process of USG PEPFAR partners and activities in coordination with the South Africa National Department of Health in order to achieve maximum program efficiencies, reduce duplication, and expand program coverage and impact.

Pages 60 and 61 - Questions and Answers from the Pre-Application Workshop

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

Centers for Disease Control and Prevention (CDC)

**Strengthening Local Capacity to Provide Sustainable HIV-Related Care and
Treatment Services in South Africa under the President's Emergency Plan for AIDS
Relief (PEPFAR)**

I. AUTHORIZATION AND INTENT

Announcement Type: New

Funding Opportunity Number: CDC-RFA-GH11-1109

Catalog of Federal Domestic Assistance Number: *93.067*

Key Dates:

Application Deadline Date: April 12, 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 achieve the following overarching goals consistent with the PEPFAR program in South Africa:

1. Reducing morbidity and mortality related to HIV/AIDS and TB;
2. Strengthening the effectiveness of the HIV response system at the district, provincial and national levels;
3. Preventing new HIV infections; and
4. Working with the district Department of Health (DOH) and its designees in identifying and setting up policies and programs to improve the district's response to providing HIV care, treatment and prevention services.

This funding opportunity announcement (FOA) builds upon previous PEPFAR support under the HHS/CDC HIV clinical services and antiretroviral treatment program to ensure continuing technical assistance to the South African National Department of Health (NDOH) to improve and expand comprehensive HIV/AIDS services to existing and future clients receiving HIV/AIDS care, support and treatment. This announcement will provide funding to local indigenous South African organizations to enable them to continue technical assistance in South Africa for the expansion of comprehensive HIV prevention, care and antiretroviral treatment (ART) programs.

The purpose of this program is to strengthen and support the current healthcare system (community level, primary care level and tertiary care level) to provide sustainable HIV care and treatment services in collaboration with, and under the direction of, the South African National Department of Health and its provincial, district and local designees. This will be achieved through activities geared at building personnel's capacity in

continuous quality improvement with the establishment of standards of care, supporting mentorship and training of clinical and ancillary staff, and ensuring adherence to National Care and Treatment guidelines. Applicants will be expected to work under the direction of the district and provincial health authorities, and also in conjunction with the USG designated district coordination partner. Moreover, applicants may be expected to respond to one or more CDC priority districts as the district coordinating partner in one of more of the following provinces:

- Free-State
- Eastern Cape
- Northern Cape
- KwaZuluNatal
- Limpopo
- Northwest

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

1. General

- a. By the end of the project period, 85% of patients at supported facilities or in catchment area who were initiated on ART during a particular cohort are retained on ART at 3 months, 6 months, 12 months, and 24 months;
- b. By the end of the project period, 90% of patients at supported facilities or in catchment area who tested positive are referred for care and treatment services;

- c. By the end of the project period, 90% of patients at supported facilities or supported catchment area tested HIV-positive and have a CD4 count performed within 4 weeks;
- d. By the end of the project period, 90% of patients accessing care at supported facilities or in catchment area on ART have a non-detectable viral load at 12 months;
- e. By the end of the project period, 90% of sites in catchment area or district have met the target in (3);
- f. By the end of the project period, 90% of patients have had a CD4 count done twice during the previous 12 months;
- g. By the end of the project period, 90% of HIV-infected patients are screened for tuberculosis at each visit;
- h. By the end of the project period, 90% of eligible HIV-infected patients are on Isoniazid Preventive Therapy (IPT);
- i. By the end of the project period, 90% of patients in care are on cotrimoxazole;
- j. By the end of the project period, 95% of HIV-infected pregnant women are placed either on dual therapy or HAART (if they are eligible);
- k. By the end of the project period, 100% HIV-exposed infants receive nevirapine prophylaxis;
- l. By the end of the project period, 90% of HIV-exposed infants with a negative Deoxyribonucleic Acid- Polymerase Chain Reaction (DNA-PCR) at 6 weeks of age;

- m. By the end of the project period, 90% of primary healthcare center (PHC) and community sites in district or catchment area have the capability to implement Nurse Initiated Management of Antiretroviral Treatment (NIMART);
- n. By the end of the project period, 90% of supported facilities with an ongoing TB infection control program and plan in place;
- o. By the end of the project period, 90% of HIV-exposed infants who tested negative at 6 weeks have Enzyme-linked immunosorbent assay (ELISA) test done at 18 months;
- p. By the end of the project period, 90% of sites report no drug/essential commodity stock out;
- q. By the end of the project period, 90% of sites have a lost to follow up (LTFU) rate under 10%; and
- r. By the end of the project period, 90% of sites have a staff retention rate of 75% or more.

2. Health Systems Strengthening (HSS):

- 1. By the end of the project period, 90% of healthcare workers targeted for specified technical training in catchment area have completed an in-service training program in the following areas:
 - 1) NDOH PMTCT (5 day course);
 - 2) NDOH TB control infection guidelines;
 - 3) Laboratory courses: African Centre for Integrated Laboratory Training (ACILT) Courses including:

- i. Early infant diagnosis
 - ii. Malaria
 - iii. TB smear microscopy
 - iv. Strengthening laboratory management towards accreditation
 - v. Blood safety and infrastructure development
 - vi. Line probe assay TB
 - vii. National Laboratory strategic planning
 - viii. TB drug susceptibility testing
 - 4) Pediatric ART management;
 - 5) Early Infant diagnosis;
 - 6) Male circumcision; and
 - 7) Palliative care for nurses.
2. By the end of the project period, 90% of health care workers targeted for specified technical training in catchment area have completed additional in-service trainings including:
- 1) Prevention, diagnosis and treatment of STIs;
 - 2) Nurses: Nurse initiated management of ART (NIMART);
 - 3) Providers/Counselors: prevention with positives;
 - 4) Nutrition key priority areas such as the following:
 - a) Infant and young child nutrition (breast feeding promotion, complementary feeding, infant feeding in the context of HIV);
 - b) Maternal nutrition;

- c) Prevention and treatment of nutrition related diseases; and
- d) Micronutrient deficiencies and supplementation.

3. Laboratory

- a. By the end of the project period, 90% of facilities in catchment area will have the laboratory capacity specified in national guidelines to perform the required diagnostic tests for their facility level including:
 - 1) HIV Enzyme-linked immunosorbent assay (ELISA)
 - 2) CD4
 - 3) Viral load
 - 4) Infant HIV-PCR
 - 5) Chemistry
 - 6) Hematology
 - 7) Microbiology
 - 8) TB smear
 - 9) Culture and drug susceptibility testing DST
- b. By the end of the project period, 90% of laboratories with standard operating procedures (SOPs) in place and part of external quality assurance program.

4. Strategic Information

- a. By the end of the project period, 90% of sites with at least one data capture; and

- b. By the end of the project period, 90% will have access to a monitoring and evaluation officer to support and provide onsite supervision

5. Health Management Information System (HMIS)

- a. By the end of the project period, 90% of sites will have an implemented government supported patient medical record system (paper based or electronic);
- b. By the end of the project period, 90% of sites in catchment area will be reporting complete HIV HMIS data to districts on time every quarter;
- c. By the end of the project period, 90% of sites in district with 90% data accuracy based on quarterly site audits; and
- d. By the end of the project period, 90% of sites with patient medical records fully completed, (i.e., 100% of required data is recorded in a timely manner) as based on semi-annual chart assessments.

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 South African

population and must also coordinate with activities supported by South African, international or USG agencies to avoid duplication. Partners receiving HHS/CDC funding must collaborate across program areas whenever appropriate or necessary to improve service delivery.

The selected applicant(s) of these funds is responsible for activities in multiple program areas.

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

Applicants should describe activities in detail that reflect the policies and goals outlined in the *Five-Year Strategy* for the President's Emergency Plan and the Partnership Framework for South Africa. The grantee will produce an annual operational plan, which the U.S. Government Emergency Plan team on the ground in South Africa 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:

Successful grantees will combine health system strengthening, community-based and facility-based strategies to deliver HIV/AIDS services. Emphasis should be placed on district or locality focused interventions, and implementation strategies should reflect the needs of the local context in order to maximize, reach, and promote substantial governmental and community ownership of the program. Activities will include, but are not be limited to:

- 1) Achieving primary prevention of HIV infection through comprehensive HIV prevention programs (both at the facility and district and municipal levels), confidential counseling and testing, and prevention of mother-to-child transmission (PMTCT);
- 2) Continuing, expanding, and improving provision of pediatric and adult care and treatment of HIV/AIDS; improving STD management; and enhancing care and treatment of opportunistic infections, including tuberculosis (TB);

- 3) Identifying gaps in the current data management, and monitoring and evaluation systems and using strategies to strengthen the district, provincial and ultimately overall the South African National Department of Health's HIV/AIDS data management, and monitoring and evaluation systems by improving site-level data collection, analysis and use, as well as systems to transfer to districts, provinces and national level for use in health service and resource planning; and
- 4) Identifying needs in the service delivery and health care delivery models, and working with the current governmental framework in providing sustainable solutions.

In addition to delivering services and implementation of program activities, recipients should also develop the capacity of their own organization as well as other local organizations responsible for the delivery of community-based HIV/AIDS interventions in their respective catchment areas, districts or provinces. Specifically, grantees should focus on strengthening components of the health system at the sub-district and/or district level necessary for the planning, delivery and supervision of HIV services, in close collaboration with the District health management team. In areas where USG implementing partners are working, the grantee should avoid overlap and duplication of services in order to maximize and efficiently utilize resources to complement the national HIV/AIDS program. Applicants should, however, provide an integrated approach to comprehensive HIV/AIDS services by working with and augmenting the current health system in their catchment area, thereby promoting sustainable integrated care and treatment services.

Award recipient(s) will be required to ensure continuity of services for the existing HHS/CDC PEPFAR program activities as well as support expansion in both geographical and technical scope in targeted regions within the defined sites. A close working relationship with the HHS/CDC South Africa, U.S. Government in-country PEPFAR team, the South African National Department of Health, provincial health systems and the district health systems is expected to achieve program outcomes. All activities implemented under this program should follow national policies and guidance for the delivery of HIV/AIDS interventions. The grantee will work with the appropriate South African governmental institutions and structures to ensure a strong and sustainable national health care delivery system through:

- Support for governmental supply chain management systems for the procurement of essential medicines, laboratory reagents, protective supplies, etc.;
- Support to districts and lower level health facilities to forecast and requisition sufficient quantities as appropriate;
- 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;
- Development of long-term financial plans for self-sufficiency;
- Establishment of strong governance and leadership policies, procedures and practices; and

- Development and provision for sufficient resources for a rigorous monitoring and evaluation plan, including a quarterly performance monitoring plan with clear benchmarks, indicators and targets.

All activities outlined should be done in collaboration with and under the guidance of the South African NDOH and its provincial and district level designees. Moreover, activities should be integrated within the current health system, i.e., primary health care center, tertiary care center etc.

1. Cross cutting issues:

Collaborate with the local, district, and/or provincial health authorities in supporting capacity building among healthcare workers both at the professional level and those in the lower cadre (i.e., community health workers, lay counselors, nursing assistants, etc.) in the following issues:

- a. Sanitation and hygiene; and
- b. Safe water practices

2. Clinical Quality Improvement (CQI): Support and build capacity of systems at district and provincial levels to:

- a. Routinely train staff in data capturing at sites to monitor trends in care and health outcomes on a quarterly basis;
- b. Mentor staff to implement a continuous quality improvement program at provincial, district and facility levels whereby DOH can use their data to improve patient outcomes;

- c. Support development and implementation of provincial and district quality improvement strategies, including establishing and managing CQI priorities, convening regional CQI meetings, leading annual CQI planning and implementation processes, and monitoring implementation;
- d. Support the introduction/adaption of government supported paper-based and/or electronic based patient record system to facility; and
- e. Ensure adequate routine supportive supervision systems to supervise staff in the above activities: data capturing, implementation of a CQI program, etc.

3. Laboratory:

- a. Support district systems to enhance timely laboratory data management;
- b. Ensure and mentor staff in establishing a laboratory quality control program and standard operating procedures (SOPs);
- c. Provide training to phlebotomy and laboratory staff in best practices of infection control, safe injection, and blood safety;
- d. Support site in strengthening linkages with district referral hospital or tertiary care facility in order to ensure samples are sent out on a regular basis and results are received in a timely manner;
- e. Train staff in good laboratory practices – ensure that systems are in place for proper storage of reagents and lab samples; procurement of reagents, protective equipment, and materials; and forecasting;
- f. Maintain consistency with National Health Laboratory Service SOPs and practices; and

- g. Employ information systems and specimen registration processes that that reduce paperwork but ensure patient confidentiality.

4. Care and Treatment: Support the provincial and district DOH in the following:

- a. Provide clinical mentorship and supportive supervision to physicians, nurses and other providers in the provision of care and treatment services to pediatric and adult patients that are HIV-infected. This must be done in alignment with South Africa's national guidelines;
- b. Establish a model of care whereby linkages are developed and strengthened between clinical facilities, and other partners providing care and support services (i.e., community-based partners providing services such as support groups, nutritional counseling, adherence support, safe water and hygiene instruction, etc.);
- c. Support training of nurse-initiated management of ART (NIMART), and provide supportive supervision to ensure that skills are implemented;
- d. Support the integration of pediatric HIV services into Integrated Management of Childhood Illnesses/Integrated Management of Adult/Adolescent Illnesses (IMCI/IMAI); and
- e. Support provincial, district and local health authorities in training health workers to effectively and safety perform male medical circumcision procedures.

5. PMTCT:

- a. Antenatal care- Support training of staff and provide supportive supervision in the following initiatives as in accordance with national guidelines:
- 1) Improve community awareness, mobilization and links to encourage early Antenatal Care (ANC) booking;
 - 2) Support the integration of PMTCT into Expanded Program on Immunization (EPI) and maternal and child health (MCH) programs at the primary health care level;
 - 3) Support health care facilities and local health officials to improve linkages between basic antenatal care (BANC), sexual and reproductive health (SRH), adolescent health and PMTCT services; and
 - 4) Support district in implementing opt-out testing for all pregnant women.
- b. Labor and Delivery - Under the guidance of the District Department of Health (DOH) and/or designated coordinating partner:
- 1) Provide training and supportive supervision to staff in implementing op-out testing at labor if status is not known or not documented;
 - 2) Mentor staff on PMTCT guidelines to ensure that appropriate regimen is provided to the HIV-infected pregnant woman;
 - 3) Provide ARV prophylaxis to infant at birth; and

- 4) Provide appropriate treatment for Opportunistic Infections (OIs) and nutritional support.

c. Postnatal care

- 1) Train staff at facilities providing ANC services on safe infant feeding practices in accordance with South Africa's guidelines;
- 2) Strengthen and support facilities to do 6 week PCR testing of HIV-exposed infants; and
- 3) Provide mentorship to staff to provide counseling.

d. Family Planning

- 1) Mentor staff and provide with tools to effectively counsel patient and partner on family planning (including and not limited to the following: oral contraception, hormonal contraception, injectable contraceptive forms, and barrier methods);
- 2) Ensure that facilities have resources to provide support and services for family planning options; and
- 3) Ensure that care, support, and management of unplanned pregnancies is provided.

6. Tuberculosis:

- a. Provide clinical mentorship to staff at facility to ensure that they adhere to national guidelines related to screening, diagnosis and treatment of TB and latent tuberculosis infection; and

- b. Provide training of staff in infection control measures and maintenance of ongoing infection control activities including environmental infection control measures.

7. Nutrition:

- a. Work with the NDOH, provincial and district health authorities in the following related nutritional and food security activities:
- b. Integration of nutritional screening and activities into routine primary care;
- c. Development of a core package of services;
- d. Development of indicators and reporting structures as related to nutritional issues and food security;
- e. Support training on issues of nutrition and food security; and
- f. Assist with implementation and dissemination of government-endorsed nutrition policies.

8. Pharmacy:

- a. Ensure and mentor staff in establishing a pharmacy quality control program and standard operating procedures (SOPs); and
- b. Support District DOH in supply chain management of essential drugs (including medical products, vaccines, etc.) through mentorship and supportive supervision to prevent drug stock outs.
 - 1) Storage of essential drugs (i.e., cold chain, etc.);
 - 2) Forecasting;
 - 3) Procurement; and

4) Distribution

9. Prevention:

Work under the guidance of the provincial, district and local governmental health authorities to implement prevention activities as prescribed by the National Strategic document. Support training and provide South African Government (SAG) National Department of Health (NDOH) approved tools for counseling and addressing the following issues including and not limited to:

- a. Prevention with positives (especially for discordant couples);
- b. Disclosure of HIV status;
- c. Screening for high risk behaviors and address issues of harm reduction;
- d. Screening, diagnosis and appropriate treatment for STIs;
- e. Screen patients for issues related to partner violence/gender-based violence, and provide referral to appropriate support services;
- f. Support staff in forming referral linkages with NGOs, CBOs, and other agencies providing services for most at risk populations (MARPs);
- g. Counseling and testing;
- h. Provider initiated testing;
- i. Partner testing;
- j. Male sexual and reproductive health particularly related to counseling on medical male circumcision; and
- k. Training and support of MMC implementation.

10. Health Management Information Systems (HMIS):

- a. Collaborate with provincial, district and other governmental designees to ensure that a patient management and tracking system is implemented; and
- b. Support the governmental designee in ensuring that HMIS system is utilized and supportive supervision is provided to staff on a fortnightly basis or as needed based on regular monthly assessments.

CDC Activities:

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

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

1. Organize an orientation meeting with the grantee to brief it on applicable U.S. Government, HHS, and Emergency Plan expectations, regulations and key management requirements, as well as report formats and contents. The orientation could include meetings with staff from HHS agencies and the Office of the U.S. Global AIDS Coordinator.
2. Review and make recommendations as necessary to the process used by the grantee to select key personnel and/or post-award subcontractors and/or sub-grantees to be involved in the activities performed under this agreement, as part of

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

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

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

18. Collaborate with CDC and USG Interagency teams in evaluating HIV and health service technical assistance needs and support for the South African government.

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: FY2011

Approximate Current Fiscal Year Funding: \$15,000,000

Approximate Total Project Period Funding: **\$150,000,000** (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 5 awards

Approximate Average Award: **\$30,000,000** (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:

- Indigenous South African organizations

Justification:

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

HHS/CDC support for the scale-up of ART treatment programs during the first phase of PEPFAR engaged international partners to build the capacity of the South African health system to provide sustainable ART treatment services, in collaboration with the Ministry

of Health and local partners. Local indigenous capacity to support HIV service delivery and technical assistance in South Africa has developed rapidly in the last 5 years, through the support of PEPFAR, and a competitive range of indigenous South African organizations are available and capable of providing the required services in support of HHS/CDC program objectives.

This Limited Eligibility Justification is to encourage a competitive environment among these local South African organizations in support of transitioning programs and services previously provided by US-based implementing partners to local ownership of the South African government and local partners. This will support USG policy to support long term capacity building and development of all aspects of the health system under PEPFAR II reauthorization legislation. Limited competition is appropriate as the South African NDOH and its local health authorities are not fully capacitated to provide technical assistance services without external support of its initiatives. The NDOH in South Africa fully supports the current and continuing role of civil society and non-governmental organizations in supporting the national response to the HIV/AIDS epidemic.

Limiting eligibility to local South African organizations, will serve the policy and program interests of the USG by supporting the long term sustainability of services, the shift to more cost-effective program implementation, and the support of program partners with a greater understanding of the local culture and context when planning or implementing various programmatic initiatives. Grantees will be tasked to work with and

under the direction of NDOH and its provincial and district designees to support the South African government's health initiatives.

Limited competition for the cited activities is in line with PEPFAR legislation, which authorizes HHS/CDC to transition leadership of programs and services (including ART services) to local ownership, with the ultimate aim of full transition of all appropriate activities to the Ministries of Health and other governmental entities that have the jurisdictional authority to directly finance and perform these programs and services.

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.

Other

Due to 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 areas of this announcement within the Republic of South Africa.

Special Requirements:

1. PEPFAR Local Partner definition:

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

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

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

and at least 51% for FY 2009-10; 66% for FY 2011-12; and 75% for FY 2013 of the entity's senior staff (i.e., managerial and professional personnel) must be citizens or lawfully admitted permanent residents of such country; and (d) where an entity has a Board of Directors, at least 51% of the members of the Board must also be citizens or lawfully admitted permanent residents of such country; or

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

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

2. If the application is incomplete or non-responsive to the special requirements listed in this section, it will not be entered into the review process. The applicant will be notified that the application did not meet submission requirements.
 - Late submissions will be considered non-responsive. See section "V.3. Submission Dates and Times" for more information on deadlines.

- If the total amount of appendices includes more than 80 pages, the application will not be considered for review. For this purpose, all appendices must have page numbers and must be clearly identified in the Table of Contents.
- An HIV/AIDS related funding matrix must be submitted in order for the application to be considered for review. All applicants must indicate whether they are receiving other HIV/AIDS related funding. If the applicant is receiving or has applied for other HIV/AIDS related funding, the following information must be submitted:
 - ✓ Funding mechanism (i.e. contract, CoAg, grant)
 - ✓ Amount of award
 - ✓ Period performance
 - ✓ Funding agency
 - ✓ Contact details for funding agency
 - ✓ Brief description of program activities
- Note: Title 2 of the United States Code Section 1611 states that an organization described in Section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive U.S. Government funds constituting a grant, loan, or an award.

Intergovernmental Review of Applications

Executive Order 12372 does not apply to this program.

V. APPLICATION CONTENT

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

A Project Abstract must be completed in the Grants.gov application forms. The Project Abstract must contain a summary of the proposed activity suitable for dissemination to the public. It should be a self-contained description of the project and should contain a statement of objectives and methods to be employed. It should be informative to other persons working in the same or related fields and insofar as possible understandable to a technically literate lay reader. This abstract must not include any proprietary/confidential information.

The abstract must be submitted in the following format:

- Maximum of 2-3 paragraphs;
- Font size: 12 point unreduced, Times New Roman;
- Single spaced;
- Paper size: 8.5 by 11 inches (preferred), or generally accepted paper size; and
- Page margin size: One inch.

A Project Narrative must be submitted with the application forms. The project narrative must be uploaded in a PDF file format when submitting via Grants.gov. The narrative must be submitted in the following format:

- Maximum number of pages: 25 (If your narrative exceeds the page limit, only the first pages which are within the page limit will be reviewed.);
- Font size: 12 point, unreduced, Times New Roman;
- Double spaced;
- Paper size: 8.5 by 11 inches (preferred), or generally accepted paper size;
- Page margin size: One inch;

- Number all pages of the application sequentially from page one (Application Face Page) to the end of the application, including charts, figures, tables, and appendices; and
- *Project Context and Background (Understanding and Need):* Describe the background and justify the need for the proposed project. Describe the current infrastructure system; targeted geographical area(s), if applicable; and identified gaps or shortcomings of the current health systems and AIDS control projects;
- *Project Strategy - Description and Methodologies:* Present a detailed operational plan for initiating and conducting the project. Clearly describe the applicant's technical approach/methods for implementing the proposed project. Describe the existence of, or plans to establish partnerships necessary to implement the project. Describe linkages, if appropriate, with programs funded by the U.S. Agency for International Development;
- *Project Goals and Objectives:* Describe the overall goals of the project, and specific objectives that are measurable and time phased, consistent with the objectives and numerical targets of the Emergency Plan and for this Cooperative Agreement program as provided in the "Purpose" Section at the beginning of this Announcement;
- *Project Outputs:* Be sure to address each of the program objectives listed in the "Purpose" Section of this Announcement. Measures must be specific, objective and quantitative so as to provide meaningful outcome evaluation;

- *Project Contribution to the Goals and Objectives of the Emergency Plan:*
Provide specific measures of effectiveness to demonstrate accomplishment of the objectives of this program;
- *Work Plan and Description of Project Components and Activities:* Be sure to address each of the specific tasks listed in the activities section of this announcement. Clearly identify specific assigned responsibilities for all key professional personnel;
- *Performance Measures:* Measures must be specific, objective and quantitative;
- *Timeline* (e.g., GANTT Chart); and
- *Management of Project Funds and Reporting.*

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

- *Project Budget Justification:*
With staffing breakdown and justification, provide a line item budget and a narrative with justification for all requested costs. Be sure to include, if any, in-kind support or other contributions provided by the national government and its donors as part of the total project, but for which the applicant is not requesting funding.

Budgets must be consistent with the purpose, objectives of the Emergency Plan and the program activities listed in this announcement and must include the

following: line item breakdown and justification for all personnel, i.e., name, position title, annual salary, percentage of time and effort, and amount requested.

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

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

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

- ***Curricula vitae*** of current key staff who will work on the activity;
 - Staff that will be involved in carrying out the grant including Country Director, Technical Advisors and staff, Project officers, program managers, and Management and Operations staff
- ***Job descriptions*** of proposed key positions to be created for the activity;
 - HIV Care and treatment specialist, Program manager; accountant and budget specialist , and HIV nurse supervisor
- ***Applicant's Corporate Capability Statement***;
- ***Letters of Support*** (5 letters maximum);

- It is suggested but not required that applicants provide a letter of support from either the district or provincial health authorities.
- ***Evidence of Legal Organizational Structure;***
- ***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; *and*
- Please attach any other documentation in the appendix which supports your application for this 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 00971 4 3695700. 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 12, 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

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 South Africa and institutional capacity (both management and technical) to achieve the goals of the project with documented good governance practices? Does applicant have a history of working with governmental partners in South Africa (i.e., NDOH, Provincial health leaders or District Management Team?) Is there evidence of leadership support and evidence of current or past efforts to support HIV care and treatment programs, or evidence that the applicant

has had previous expertise providing technical assistance in comprehensive HIV care and treatment services? To what extent does the applicant provide letters of support? (15 points) Does the applicant have the capacity to reach rural and other underserved populations in South Africa? Does the organization have the ability to target audiences that frequently fall outside the reach of the traditional media, and in local languages? 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))

Technical and Programmatic Approach (20 points):

Does the applicant have expertise in implementing the following HIV related activities including and not limited to: Care and treatment of the HIV-infected person; laboratory; supply chain management; providing training and mentorship in management of HIV, prevention with positives, TB, and opportunistic infections; pre-service training (i.e., nursing and medical schools); and programmatic evaluation?

Does the application include an overall design strategy, including measurable time lines, and specific activities for meeting the proposed objectives? (10 points) Does the applicant display knowledge of the strategy, principles and goals of the President's Emergency Plan, and are the proposed activities consistent with and pertinent to that strategy and those principles and goals? Does the applicant display knowledge of South Africa's National Strategic plan and the goals of the South African National Department of Health? Does the applicant describe activities that are evidence based, realistic,

achievable, measurable and culturally appropriate to achieve the goals of the President's Emergency Plan? (5 points) Does the application propose to build on and complement the current national response in 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? (For example, number of districts or provinces to be supported, and number of clients the program will reach.) To what extent does the applicant propose to work with other organizations? Does the applicant plan to meet the target goals? Is the proposed use of funds efficient? Are the specific methods described sensitive to the local culture? (5 points)

Capacity Building (15 points):

Is the applicant an indigenous South African entity? Does the applicant have a proven track record of building the capacity of public health workers, health care workers and health care professionals? (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 health authority (i.e., provincial, district, sub-district and facility level) and 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 improved quality and geographic coverage of service delivery to achieve the "3,12,12¹" targets of the President's Emergency Plan? (5 points)

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

Monitoring and Evaluation (15 points):

Does the applicant demonstrate the local experience and capability to implement rigorous monitoring and evaluation of the project? Does the applicant describe a system for reviewing and adjusting program activities based on monitoring information obtained by using innovative, participatory methods and standard approaches? Does the plan include indicators developed for each program milestone, and incorporated into the financial and programmatic reports? Are the indicators consistent with the President's Emergency Plan Indicator Guide and also with indicators set out by the NDOH? (10 points) Is the system able to generate financial and program reports to show disbursement of funds, and progress towards achieving the numerical objectives of the President's Emergency Plan? Is the plan to measure outcomes of the intervention, and the manner in which they will be provided, adequate? Is the monitoring and evaluation plan consistent with the principles of the "Three Ones"²? (5 points) "Applicants must define specific output and outcome

million HIV infected and affected persons, including five million orphans and vulnerable children; and prevent twelve million infections worldwide.

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

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? (5 points) Does the applicant have an understanding of South Africa's National Strategic Plan as it relates to the government's response to HIV? To what extent does the applicant justify the need for this program within the target community. (5 points)

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? Is 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; the development of capacity building among and collaboration between Governmental and non-governmental partners; staff with demonstrated technical expertise in HIV care and treatment (i.e., management of OIs, knowledge of adverse drug reactions and their managements);

knowledge and expertise in laboratory capacity building; supply chain management; and programmatic evaluation, etc.

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? (5 points) If appropriate, does the applicant have a proven track record in managing large program 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 clinical, laboratory, or pharmacy management? Does the applicant demonstrate an ability to submit quarterly reports in a timely manner to the HHS/CDC office? (5 points)

Budget (Reviewed, but not scored):

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

Funding Restrictions

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

- Recipients may not use funds for research.
- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- 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 South Africa. 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.

In addition the following factors may affect the funding decision:

- **The on-going regionalization process of USG PEPFAR partners and activities in coordination with the South Africa National Department of Health in order to**

achieve maximum program efficiencies, reduce duplication, and expand program coverage and impact.

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

Pre-Application Workshop:

CDC South Africa will host a pre-application workshop at their facility located at the CDC offices located at 238 Queen Wilhelmina Avenue 2nd Floor CBE Building Brooklyn, Pretoria 0001 South Africa. The pre-application workshop will be held five (5) business days following posting of this announcement on www.grants.gov. Please contact Dr. Jeffrey Klausner, Project Officer, for specific time and confirmation of location.

VII. AWARD ADMINISTRATION INFORMATION

Award Notices

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

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

Administrative and National Policy Requirements

Successful applicants must comply with the administrative requirements outlined in 45 Code of Federal Regulations (CFR) Part 74 or Part 92, as appropriate. The following additional requirements apply to this project:

- AR-4 HIV/AIDS Confidentiality Provisions
- AR-6 Patient Care
- AR-8 Public Health System Reporting Requirements
- AR-9 Paperwork Reduction Act Requirements
- AR-10 Smoke-Free Workplace Requirements
- AR-12 Lobbying Restrictions
- AR-14 Accounting System Requirements
- AR-15 Proof of Non-Profit Status
- AR-21 Small, Minority, and Women-Owned Business
- AR-23 States and Faith-Based Organizations
- AR-24 Health Insurance Portability and Accountability Act Requirements
- AR-25 Release and Sharing of Data
- AR-27 Conference Disclaimer and Use of Logos
- AR-29 Compliance with EO13513, “Federal Leadership on Reducing Text Messaging while Driving”, October 1, 2009
- AR-30 Section 508 Compliance

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

For more information on the Code of Federal Regulations, see the National Archives and Records Administration at the following Internet address:

<http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>.

CDC Assurances and Certifications can be found on the CDC Web site at the following Internet address: <http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm>.

TERMS AND CONDITIONS

Reporting Requirements

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

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

of the President's Emergency Plan for AIDS Relief for **South Africa**; and

j. Additional Requested Information;

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

1. Progress reports will be due on a quarterly basis 30 days after the reporting period. Content of the progress report should including the following:
 - a. Narrative of the program activities to date
 - b. Narrative of program activities for the quarter
 - c. Measurable outcomes based on PEPFAR indicators
 - d. Narrative identifying achievements, areas of improvements
 - e. SWOT analysis
2. Annual Progress report (APR), due 90 days after the end of the budget period. Annual progress report should include the same contents as the Progress Report but aggregated for the year. Additionally the APR should include a listing of current staff and their roles and responsibilities.
3. Financial Status Report (FSR) (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:

Dr. Jeffrey Klausner, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
C/o US embassy/CDC
P.O Box 9536, Pretoria 0001 South Africa
Telephone: 012 424 9000, ext 9052
E-mail: klausnerj@sa.cdc.gov

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

Dionne Bounds, Grants Management Specialist
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road, MS: K-75
Atlanta, GA 30341
Telephone: 770-488-2082
E-mail: yhv5@cdc.gov

For **assistance with submission difficulties**, contact Grants.gov (see page 40):

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 from the Pre-Application Workshop:

1. What is the deadline for questions?
QUESTIONS MAY BE ASKED UP TO THE APPLICATION DEADLINE.
2. Do you have to get a DUNS number for all the grant applications?
ALL APPLICANTS MUST INCLUDE A DUNS NUMBER

3. Can organizations with existing DUNS numbers use that DUNS number?
YES
4. Once you have these numbers (CCR, DUNS, NCAGE) do they stay with you?
IDENTIFICATION NUMBERS ARE ASSOCIATED WITH A SPECIFIC ORGANIZATION
5. Are there links for the CCR, DUNS, and NCAGE on grants.gov
YES
6. Is paper size an issue though this is to be submitted electronically online?
THE APPLICATION MUST ADHERE TO STATED REQUIREMENTS.
7. Appendices: Clarification if the appendices can't be more than 80 pages or the entire application must not be more than 80 pages.
THE APPENDICES MAY NOT BE LONGER THAN 80 PAGES.
8. How do you convert the format of something that was already saved in a PDF file?
THE APPLICATIONS MUST BE SUBMITTED AS A PDF FILE. DOCUMENTS MAY HAVE TO BE RESCANNED.
9. What exchange rate (ZAR/USD) should be used for doing the budget? Is there a standard exchange rate? Will the exchange rate to be used be indicated?
USE THE CURRENT PREVAILING RATE. AWARDS ARE IN US DOLLARS WITH NO ADJUSTMENTS OVER THE BUDGET PERIOD.
10. Which currency should be used for the budget preparation?
US DOLLARS
11. How long can the budget narrative be?
THERE IS NOT STATED LIMIT
12. What is the definition of key staff?
KEY STAFF ARE SENIOR STAFF WITH SUBSTANTIAL COMMITMENT AND RESPONSIBILITY
13. What constitutes a local/indigenous organization?
THE PEPFAR DEFINITION OF 'LOCAL PARTNER' THAT WILL BE APPLIED TO THIS PROCESS IS PROVIDED IN THE FOA UNDER SPECIAL ELIGIBILITY CRITERIA.
14. If an organization is applying for both FOAs, can the same staff be used/ listed?
NO. KEY STAFF CANNOT PERFORM > 100% ON USG AWARDS.

15. Can the applicant apply for only some activities and only certain regions? The clause on page 12 – Does this mean that the partner has to address the full range of CT activities?

APPLICANTS ARE EXCLUDED IF THEY CURRENTLY RECEIVE USAID PEPFAR FUNDING FOR SIMILAR ACTIVITIES IN THE SAME REGION THEY ARE APPLYING FOR. APPLICATIONS MAY APPLY FOR FULL OR PARTIAL ACTIVITIES.

16. Can an organization receiving USAID funding be a sub-partner?
YES

17. If USAID contract expires prior to the start of this funding can they still apply?
YES, USAID PEPFAR FUNDING MUST EXPIRE PRIOR TO THE AWARD DATE.

18. If your USAID funding is non-PEPFAR can the partner apply?
YES

19. Why is the budget not scored?
THE APPLICATION IS SCORED ON THE MERITS OF THE PROPOSED PROGRAMMATIC ACTIVITY, OBJECTIVES, TARGETS AND THE APPLICANTS ABILITY TO MEET THOSE OBJECTIVES AND TARGETS

20. Will the HIV related funding matrix be part of the appendices or counted separately?
ANY ADDITIONAL INFORMATION IS COUNTED IN THE APPENDIX

21. There are 6 provinces listed in the FOA: are these the only areas where the applications can be applied for?
YES. THE APPLICATION MUST BE RESPONSIVE TO THE FOA.

22. How is this related to the alignment process? Or affected by the process? Will the alignment process have any bearing on this application?
THE PEPFAR SOUTH AFRICA ALIGNMENT PROCESS IS A RESPONSE TO THE NATIONAL DEPARTMENT OF HEALTH TO REDUCE DUPLICATION, INCREASE COVERAGE AND ASSURE ACCOUNTABILITY. THE APPLICANT SHOULD BE RESPONSIVE TO THE FOA.

23. What are the CDC priority districts? [PLEASE CONFIRM THOSE]
The following districts are tentatively designated as CDC priority districts. However, the final CDC priority districts to be covered by this grant will be negotiated between CDC and the winning applicant(s).

CURRENT CDC PRIORITY DISTRICTS INCLUDE:

NELSON MANDELA C, ALL OF OR TAMBO, XHARIEP, MOTHEO, LEJWELEPUTSWA, FEZILE DABI, ZULULAND, UMZINYATHI, UTHUKELA, UMGUNGUNDLOVU, WATERBERG, BOJANALA, R MOILOA, TSWAING, PIXLEY KA SEME, FRANCES BAARD

24. Is there an expectation that grantees will have to work with local partners?
YES

25. Can partners sub-grant?
YES

26. One FOA states that there may be up to 5 awards: is the money therefore split among the recipients? And how will it be divided?
THE RESOURCES ARE DIVIDED BASED ON THE AVAILABILITY OF FUNDS, NEED AND PRIORITIES OF CDC

27. Is there any help if I should get stuck in the steps when registering?
EACH REGISTRATION PROCESS HAS A HELP LINK

28. Is www.grants.gov linked to application of DUNS #?
No. The applicant must have a DUNS prior to applying via www.grants.gov.

29. Is there a limit for the number of “key staff”?
NO

30. If an international organization is registered locally, will be considered LOCAL?
THE PEPFAR DEFINITION OF ‘LOCAL PARTNER’ THAT WILL BE APPLIED TO THIS PROCESS IS PROVIDED IN THE FOA UNDER SPECIAL ELIGIBILITY CRITERIA